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THE IMPACT OF THE HOSPITAL SITUATION ON OUR UNDERSTANDING OF GOD AND MAN

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Our Personal Involvement

One cannot be associated with a hospital without being confronted by the raw stuff of human existence. It is in this setting that the nature and destiny of man thrusts itself into one's consciousness: his sickness and health, his brokenness and wholeness, his sinfulness and salvation.

As long as life runs along smoothly, we can avoid facing the depths of existence. The basic questions of life can go unasked. Joyful abandon can characterize living. When things are comfortable and easy, we can live as though life were shallow. However, in moments when the contradictions and crises of life stand forth, these become strangely irrelevant. The encounter with tragedy and human limitation disrupts surface appearances. We are forced to probe deeper than previously. What was complacently accepted about life must now be re-examined. Despite ourselves, there comes the necessity of participating in man's struggle to find meaning.

At the time this article was written the author had completed three quarters of clinical training and was studying, on a graduate fellowship, at the William Alanson White Institute and at Union Theological Seminary in New York City.

In making the rounds of a hospital, on every hand we run squarely into hurt bodies, injured spirits, and distorted relationships. The brokenness of total existence weighs in upon us:

> Sit with a man preparing for a duodenal ulcer operation and he says: "You know, when you get to be around 40 or 45 life begins to let down a little. You need something."

Here we catch the sense of emptiness and meaninglessness overpowering a human being at all levels of his life: physical, emotional, spiritual.

> In maternity there comes the excitement of new life, untold creative possibilities, a sense of mystery and awe at the great drama of creation. In orthopedics we confront the utterly helpless youngster stricken with polio. Here there comes the sense of stunted, distorted, unmerciful, cruel nature.

Here we catch the sense of the disturbing contradictions filling every moment of existence.

> Let a woman suffering with a thyroid growth aggravated by repressed hostility reveal: "There's something inside me that is keeping me from being well."

Here we catch the sense of "internal warfare" destroying a human being.

> Stop long enough for a young single girl diagnosed "incomplete abortion" to confess: "I feel that God could never forgive me for what I've done."

Here we catch an individual's sense of guilt estranging her from all that is necessary for healing.

> Listen to a man in his early sixties agonizing with a skin eruption: "You know, I'm lonely. Nobody cares for me."

Here we catch the sense of utter loneliness isolating a person physically, emotionally, and spiritually.

> A physician reports his reaction to his own operation: "While my *feeling* was one of insecurity, apprehension and at times great pain, I *expressed* euphoria." "It seemed to me that it counteracted the anxiety which was undoubtedly present." [1]

Here we catch the sense of anxiety and fear of the unknown and the possible crippling and destruction of one's own life.

> Stand by the bedside of a young woman dying of cancer and she protests: "It's not the pain; it's something deeper than pain and nausea. It's the utter hopelessness — the dying an eighth of an inch at a time. Why? Why? Why?"

Here we catch the sense of utter despair and futility.

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[1] M. Pinner, Ed.: *When Doctors Are Patients;* Norton, New York, 1952, pp. 111, 114.

The very atmosphere of the hospital forces us out of a shell of detachment into the arena of life to wrestle with the basic issues of life and death: contradictions, meaninglessness, "internal warfare," guilt and estrangement, loneliness, anxiety, fear, despair and futility. These feelings comprise the essential components of religious concern. The questions they raise imply a religious dimension and therefore cannot be fully grasped apart from a religious understanding. For religion has to do with man's most basic concern, his concern with the meaning of his own life and existence in general. It has to do with everything that helps or hinders the realization of that meaning.

The urgency to break through the surface into the depths of life, however, does not stem primarily from the need to help others. Rather it arises from the fact that these experiences bring into sharp focus our own hopes and fears, despair and yearning, doubt and faith hiding in the shadowy corners of our personal lives. If we open ourselves at all in ministering to those who are patients, we cannot help but be influenced by them. And, incidentally, it is only as we are influenced by them that we are able to have an influence on them.

It is possible, of course, to so protect ourselves as not to permit such disruption to break through. By keeping people at arms length we avoid having to face the impact of their predicament becoming representative of the predicament confronting every man, and ourselves particularly.

As a father paced back and forth anxiously awaiting word of his son's operation, which was stretching out from an expected half hour to four hours, he complained: "I think the doctors sometimes operate when it isn't necessary. This one of ours doesn't even give you time to talk with him. You would think he would have told us if he expected to find anything more. It doesn't seem right. He leaves me feeling uneasy." This particular physician was quite brusque with patients and families. He told them as little as possible. The reason seemed to center on his fear of becoming involved with people's deeper emotions. Thus, as a protection for himself, he shut off the opportunity of an involvement, acted condescendingly, and found it easier to handle the annoyance reactions. He eliminated all possibility for the hospital situation to touch the deeper levels of his own being. Yet, by such a retreat he diminished the creative impact of life upon life that is so vital in the recovery of health and wholeness.

Those of us who pass in and out of hospitals daily so commonly assume, usually unconsciously, that *we* are not vulnerable to disease. Such a protective feeling prevents us from a widening and a deepening of awareness so essential for creative life. But ultimately we will not avoid an "existential" encounter with human existence. As Dr. Ian Stevenson observed from reflection on his own illness: The patient "has abundant leisure in which to meditate on the function of life on this planet and the laws by which it is governed. He returns to these questions again and

again, and finally he may realize that the leisure he has for studying them now is the result of his failure to study them earlier. If a man will not study himself when well, he must when ill." [2] There can be no escape from our examining ourselves, our relationships, our world, and the ground and source of our life.

The place we begin in any consideration of religious faith, consequently, is not in some abstract ethereal realm but in the concrete reality of daily living. Our faith and understanding will become dynamic only as an outgrowth of our reflection on our own and others' experience. As we explore this personal dimension, we shall then be in a position to relate our experience meaningfully to the historical understandings of the Church and individual Christians.

The Dominant Experience

If we were to pick out the dominant experience that best characterizes the total impact of life confronting us in the hospital, it would seem to be the experience of brokenness. The wholeness of life has been disrupted. Life has become separated and estranged from its dynamic wholeness.

Increasingly we are realizing that this experience of brokenness and separation is not confined to the physical alone. It reaches out to include the emotional and spiritual as well. The most obvious dimension is, of course, the physical level of a sick body, whether it be a broken bone or malignancy. Intertwined with this is the second dimension of the emotional level of the sick mind, resulting from distortions and frustrations in one's significant interpersonal relationships. Finally, infusing both is the dimension of the spiritual level in which a person lacks adequate meaning for life. All three dimensions interpenetrate each other to hinder the individual's fully relating to himself, to others, and to God who is the ground and source of life.

Our day has rediscovered that which the ancients so clearly perceived. It is not possible to treat illness apart from the carrier of the illness: his feelings, his fears, his hopes, his faith. The condition of man's health always depends upon the quality of his total relationships.

Let us focus our attention on a consideration of this experience of brokenness and estrangement primarily in terms of the individual himself: separation from self.

Due to various configurations of influence a schism develops between our true selves and our immediately apparent selves, between our "essential" selves and our "existential" selves. Paul in the seventh chapter of Romans discusses the problem of his inability to do what he wants and refrain from that which he doesn't want. He is conscious of the presence of irrational compulsions over which he has no control. This "bondage

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[2] Pinner, *op. cit.*, p. 235.

of the will" envelops every life both consciously and unconsciously. We find ourselves acting against our own best interest. All the destructiveness rampant in the world cannot be attributed to the forces of nature or fate alone. Much of it lies at the door of man himself. Thus, Karl Menninger can speak of "man against himself." We no longer glibly assume that self-preservation is the first law of life, for our hospital experience gives us contrary evidence. Man seems bent on his own self-destruction. Because he is not himself he is at war with himself.

Our hospitals are filled with patients bearing silent testimony to man's separation from himself. J. S. Baker, engineer of the public safety division of the National Safety Council, concludes: "Chance plays but a small part in accidents." [3] They are invited, hence the phrase "accidentally on purpose." Whether we are aware of it or not we actually "choose" to injure ourselves. In similar fashion from 50-75 per cent of all illness arises from the fact that we utilize external stimuli to our own disadvantage. Our internal disposition exploits and creates physiological disturbances as a compromise way of overcoming our self-estrangement.

The woman with the thyroid growth provides an excellent illustration. Her early life was filled with rejection and unjustified punishment. "My mother used to spank me and said that I was a naughty girl all the time. I was always getting blamed for things, and I didn't do them. She would come and accuse us kids, and then I would begin to cry, and she would accuse me, and the others would say it was all my fault, and I would get beaten for it." "I would cringe if someone raised their arm because I was beaten so much that I had to react that way."

Her entire life, as a consequence, was filled with bitterness. "Once I was so bitter with my sister. In fact, I wouldn't have walked over her body backwards I was so bitter." She talked with a minister about her feelings and he advised her to forgive and "see the Christ in every man." But as she herself reacted to such an easy suggestion: "It is mighty hard to forget and forgive." Whenever they see each other it is "like strangers rather than sisters." She told of working in a situation that was terribly upsetting. Increasingly she was forced to do part of the work others should have done. Instead of verbalizing her anger, she would bottle it up. Being a member of a minority group she likewise experienced all of the slights, unpleasantness, and downright cruelty of which a dominant majority is capable. Despite the turbulence of bitter and resentful emotion the patient never permitted herself to express it in any overt form. Her fear of physical retaliation (and on a deeper level emotional rejection) caused her to "swallow" her anger. She turned it against herself.[4]

The throat difficulty stretched over a long period of time. A few years after the first signs appeared it became more pronounced. She herself

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[3] Quoted in Karl Menninger: *Man Against Himself,* p. 322.

[4] Cf. Weiss and English: *Psychosomatic Medicine;* 2nd Edition, p. 476.

expressed rather keen insight into the nature of her difficulty. "I had so much bitterness against the man I worked for then. I had a lump in my throat, and when I would get mad, I could feel that lump a thumping. I never let on I was mad, but it was terrible. The worse I got, the more it pulsated. Sometimes when I got mad I would get headaches. A person gets sick," she realistically concluded, "because they are not right inside." "Yes sir, it's what's wrong inside of me that brought me here . . . It is discrimination. I resent it so and get so mad at times about it. That's why I'm sick like I am. It is something within me that is keeping me from being well. It's my own fault. If I could get rid of this feeling, I wouldn't have this trouble . . . Because of it I have to have this growth removed."

Here in a necessarily simplified presentation we see illustrated one way in which self-estrangement is revealed in the hospital. While each person is "unique," we find expressed here the feeling all of us have of being somehow alienated, separated from our very selves.

Let us next focus our attention on a consideration of this experience of brokenness and estrangement primarily in terms of the individual in relation to others: separation from others.

Despite the fact that some may use sickness as a way of getting attention and receiving love, it actually serves to isolate the individual. Visiting cards separate the patient from the outside world. Hospital personnel are always so busy there is little time for extended personal intercourse. As a matter of fact, this very busyness—"I don't have time now"—serves to devalue the individual and deepen his sense of loneliness. Many get the feeling, in large hospitals particularly, that "they don't care about you here, just experimenting. If you die, it doesn't make any difference." A person has difficulty keeping himself as presentable as usual under hospital conditions. There is both a psychic and a physical narrowing. Patients "take refuge in unbelievable rigidities of routine, any irregularities in which lead to great irritability and frustration." [5] Where pain has any degree of intensity it shuts out everything else. Said one doctor-patient: "During the first operation I was emotionally reduced to a most primitive level of hope-fear. My attention was focused on concern with my body . . . my interest in the outside world was decidedly restricted to what had direct bearing on my immediate situation." [6] In addition, patients tend to distort other's remarks and actions more than in normal interchange.[7]

The elderly man with the skin eruption helps to sharpen our understanding of this dimension of estrangement. He expressed his intense helplessness and isolation: "No one can help me. The doctors and nurses here can't do anything. You can't do anything." Inquiry revealed the fact he had had no visitors. Although he had been on the critical list for

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[5] Pinner, *op. cit.*, pp. 78-79.

[6] *Ibid.*, p. 105.

[7] See examples, *Ibid.*, pp. 116-117.

several weeks, his wife had come only once and his children not at all. Over and over again he would moan how he needed someone to talk to. "You know, I'm lonely. Nobody cares for me." His condition expressed his inner feelings of unworthiness and isolation. Beyond the pure symbolism of the disease was the actual illness itself shutting him off from human fellowship. He had no one to depend on, nor anyone who cared for him. In the routines of daily living one can find ways to escape this sense of loneliness, but in the hospital situation its sharper edges thrust themselves to the fore.

Here in this limited picture we begin to catch the sense of the wider ranges of estrangement from others so prevalent in sickness. Surely this is expressive of the feeling all of us have of being somehow alienated, separated from other people.

Let us now focus our attention on this experience of brokenness and estrangement primarily in terms of the individual's relation to the ground and source of existence: separation from God.

Man is a creature that seeks for meaning in life. He is constantly driven to "give account to himself of himself, and of the meaning of his existence." [8] That is why Jung insisted: "The least of things with a meaning is worth more in life than the greatest of things without it." [9] The experience of sickness gives added impetus to this drive. Whether expressed in religious terms or not, the average patient reveals such a need: "Why did this have to happen to me?" "What's the sense of all this?" "Although I don't want the kind of God who would make a person sick, I can't understand why in answer to my prayers I am still sick." "Why am I sick?"

Perhaps no other sickness so acutely forces this dimension upon us as cancer. We all know the agony involved in informing a family and a patient of the presence of incurable malignancy. There is hesitancy and uncertainty in the face of the termination of life and the disruption of relationships. There is the heartache and helplessness of anticipating the indescribable suffering. The woman dying of cancer typifies such response: "I can't understand it! There must be some reason, some purpose to all this! We're born; we live; we die; but it doesn't seem as though that could be all of it. This is bringing out qualities in my family I didn't know existed, but why do I have to go through hell just to make my family better?" "It's not the pain; it's something deeper than pain and nausea. It's the utter hopelessness—the dying an eighth of an inch at a time. Why? Why? Why?" Where such a response is finally determinative we find a thwarting of positive forces within. Pain becomes unbearable and bitterness poisons every relationship.

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[8] Erich Fromm: *Man for Himself;* Rinehart, New York, 1947, p. 41.

[9] Carl Jung: *Modern Man in Search of a Soul;* Harcourt, Brace, New York, 1934, p. 75.

The estrangement from God also finds other manifestations in illness. It is to be seen in the case of the single girl diagnosed "incomplete abortion." Undoubtedly neurotic guilt plays havoc with our bodies and produces all manner of disease. [10] Yet in this instance we see the operation of appropriate guilt reaction not to a specific act but to a failure to be her true self. Her story especially reveals this dimension of estrangement from God.

The girl grew up in a milieu of hardships. The father was ill with tuberculosis, forcing the mother to work. This only increased an already present "nervousness" on her part. The parents never seemed to have enough time for the girl, and so she felt neglected. Whenever she had questions to ask, she became afraid to ask them, and so bottled her feelings up inside. "Mother used to come home from work so tired and tense. The tension at home was something terrific. And you can imagine what it was like to come home tired and have someone like me hanging around underfoot, always asking questions. 'What does this mean?' 'Tell me a story.' She would not answer and pushed me off. At times I would cry because I didn't understand it even if she would explain that she was tired."

Her growth was dominated by the mother. "She just never understood and was always trying to get me to do what she wanted me to do . . . Mother was always making decisions for me—the clothes I'd buy, the friends I'd have. She even said what kind of boys I ought to go with. She'd outline in detail what they should be like . . . I just couldn't discuss things with her because I knew what she'd do and say." "I was always being sat on and slapped around."

The sexual adjustment was not satisfactory. Although the family was intelligent, little real knowledge or understanding of sex was shared with the girl. She herself resisted the process of maturation and insisted she did not want to become a woman, or at least held ambivalent feelings about it. She preferred to be like a boy, playing with the fellows as one of the group even as late as seventeen years of age. Denial of her own vital impulses and accompanying feelings of guilt combined to confuse her. As an unconscious way of striking back at her mother and punishing herself, she would go out with boys that were unacceptable. Eventually, she became pregnant.

The presence of a fever kept complicating her recovery. Whenever she was to be examined, the fever appeared and persisted for three or four days. Part of this response sprang from fear that she might have to be operated on, part of it from the unconscious desire to remain away from the distressing family situation, part of it from the punishment of guilt indicative of her sense of estrangement from God. As she confessed: "I feel that God could never forgive me for what I've done."

In this girl and the woman with cancer we find some of the implications of estrangement from God. Their reactions are expressive of the feelings

[10] Menninger, *op. cit.*, p. 366.

all of us have of being somehow alienated, separated from the fountain of life, from the very reality that overcomes futility and despair, making life meaningful and worthwhile—God Himself!

The above discussion of brokenness and estrangement in the hospital experience brings into sharp focus the basic problem with which religion deals, namely, the problem of sin.

Unfortunately, "sin" is generally thought of in the sense of "sins"—the sin of lying, the sin of stealing, the sin of killing, the sin of sexual promiscuity, et al. A petty moralism results from this kind of compartmentalized living. Religion at its best has repudiated such thinking. It has always maintained that before sin is an act (i.e., lying, stealing, etc.) it is a state. This state is the experience of all existence—brokenness—the experience of being separated and estranged from oneself, from others, and from God.

Consequently, man must be taken as a whole personality. We cannot isolate particular virtues or vices and judge the individual on this basis. Analytic psychology has caused us to shift the emphasis in looking at man from his neurotic symptoms to an understanding of the character structure in which they are embedded. In the same way we do not think of a disease in isolation from the total personality structure of the individual which it expresses.[11] The brokenness we know in the hospital setting, therefore, is a total one encompassing all levels of one's life. Man as "sinner" existing in this ever-present state of estrangement is the dominant experience of religion. To be a part of the hospital experience is to know all too frighteningly well man in this state of brokenness. It is to realize what Paul called "sin abounding."

The Dominant Concern

If we were to pick out the dominant preoccupation and concern—the "ultimate concern," as Paul Tillich would say—confronting us in the hospital, it would seem to be the concern with restoring man's health, binding up the brokenness that he might be whole again.

We have seen from our analysis of brokenness that this experience is not confined to the physical alone. A healthy and whole person is the result of the proper functioning of all his physical resources, all of his emotional and intellectual resources, all of his spiritual resources. By spiritual resources we imply the active presence of a sense of meaning and purpose in life, the realization that our lives are rooted and grounded in God who cares for, accepts, and encourages us in our struggle for life. Actually all three dimensions interact to produce health and wholeness. We separate them for the purposes of analysis and discussion, but they are like the colors in the spectrum in one sense. They run from violet to red

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[11] Cf. Gotthard Booth, "Religion and Health" issue of the *Review of Religion;* 1945-46, pp. 394, 396ff.

with blue, green, yellow, orange, and so on in between. At the extremes we easily distinguish the difference. Yet the point at which the yellows become oranges is impossible to ascertain.

Let us consider the concern for wholeness primarily in terms of reuniting the individual with himself.

We find our reactions, our attitudes, and behavior governed more than we realize by unconscious forces. Our lives become injured as did my three-and-a-half-year-old son's recently. He became frustrated and angry at us for not permitting a certain action. Telling us of his upset instead of being permitted to strike us did not assuage his rage. After a few minutes he quieted down. But a little while later he stumbled and cut his mouth. Unable to give vent to his hostility he released it quite unconsciously by having an "accident." This served the triple purpose of releasing his aggression (although toward a safer object than his parents), punishing himself for his "murderous" impulses, and at the same time receiving the reassuring love which he needed. Adults are injured in similar fashion either by "accidents" or disease. The presence of unresolved conflict and repressed emotion contributes in greater or lesser degree to our brokenness.

Thus, for an individual to become reunited with himself it is necessary to bring to light these hidden destructive emotions. The extent of his self-awareness needs to be widened and deepened. While there are unconscious and discordant elements within him, man is at war with himself. He is only a partial self. As Kierkegaard so acutely observed: "Generally speaking, consciousness, i.e., consciousness of self, is the decisive criterion of the self. The more consciousness, the more self; the more consciousness, the more will, and the more will the more self." [12] By becoming aware of what is surging within us and accepting it we are able to exercise our own will more responsibly. To the extent this is realized, to that extent we no longer have to "take it out" on ourselves.

Recognition of the existence of these unassimilated forces within is the first step toward integrating them. The woman with the thyroid growth understood this: "I feel the operation will help some, but it must be done in me. I don't know about you but I have a battle going on inside of me. One has to put his house in order in order to get well." If she is really to be whole again, she needs not only the operation and treatment for her somatic difficulties but also something to reconcile and reunite her with herself. She needs an understanding-accepting relationship in which she will be able to examine the conflicting emotions in all their ramifications and incorporate their dynamics into her consciousness. In this way she will be on the way to overcoming her internal brokenness by an integrated self.

Now let us look at the concern for wholeness primarily in terms of reuniting the individual with others.

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[12] S. Kierkegaard: *The Sickness unto Death;* Anchor edition, p. 162.

Although necessary in treatment, the physical and emotional isolation of sickness contributes to the brokenness. Every effort needs to be made by hospital personnel, family, and friends to bridge the separation and loneliness engulfing the patient. In the training of nurses and physicians increasing emphasis is being placed on the importance of ministering to the "person" and not to an isolated organ. We are social beings and unless we are in personal "I-thou" relationships our estrangement deepens. What seems of conclusive significance is not so much what may be said or done as mere presence.

Dr. Frederick Wertham, famed for *The Seduction of the Innocent,* has a very relevant personal reaction in this respect: "I remember only two factors which alleviated my general feeling of insecurity while on the operating table. One was the voice of the operating surgeon and one was the reassurance derived from definite physical contact . . . Words spoken by medical friends present . . . had relatively little helping effect. But physical contact did have . . . Evidently friendly physical contact of this primitive type is not sufficiently recognized as a helpful procedure." [13]

Only as a patient is supported by communion with others will his re-creating resources be mobilized. There must be the reality of genuine concern and care. If the elderly man with the skin eruption is to be whole again, he needs not only ointment and medication for his somatic difficulties but also something to reconcile and reunite him with other human beings. He needs experiences of understanding love to help him overcome his sense of loneliness and separation from others. Without this, all treatment will prove futile. The validity of this was seen in the marked contrast of his scratching pattern. When alone or engaged in superficial intercourse, he would be scratching constantly. During periods when he was sharing with another on a deeper level, the scratching diminished and ceased completely.

The far-reaching effects of reconciliation with others is exemplified in the case of Dr. Max Pinner. For years he suffered from a chronic heart disease which he refused to admit or accept. As a consequence, his life lacked balance. Human relationships were distorted by secrecy and mental isolation. Once the disease was acknowledged and limitations accepted, this all changed. He regained "the receptivity for love, for human harmony, for a close comradeship." There was less cheer and buoyancy and joy. There was more physical discomfort. But in compensation there came "quiet richness, immediacy of relation and a feeling for the presence of deep entwining roots . . . It is not the measure of joy and pleasure that matters," he concluded, "it is the intensity of living." [14] Such is the wholeness infusing life as we become reconciled with others.

Finally, we look at the concern for wholeness primarily in terms of reuniting the individual with God.

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[13] Pinner, *op. cit.,* pp. 108-109.

[14] Pinner, *op. cit.,* pp. 29-30.

Illness forces man to try to make "sense" of his experience in the world. Unlike the animal, he has this tremendous need which results "in an imperative drive to restore unity and equilibrium between himself and the rest of nature . . . He has to strive for the experience of unity and oneness in all spheres of his being in order to find a new equilibrium." [15] The impact of brokenness in sickness demands an explanation. Until he can place his experience in a framework of meaning he is restless and uneasy. Anxiety frustrates the restoration of health. Healing depends upon an individual's capacity to discover the meaningfulness of his disease and thereby restore the dynamic wholeness to life.[16]

Person after person who has fully "participated" in his sickness reports a broadening of understanding and a deepening of awareness. One individual writes: "For years I had no answers, and it is just lately, in my forty-ninth year, *under the threat of losing life prematurely from cancer* . . . that I have begun to feel a contentment and a satisfaction from the growth of a few concepts." Apprehension over new and unexplained pain or feelings of numbness no longer make her unhappy. "Rather, in some strange way, it often gives me a very wonderful feeling of being in touch with the deeper currents of life and nature." [17] Terminal disease clarifies the dynamics in other sickness. It reveals that the patient needs not only medication and treatment to relieve distress but also something to help overcome the separation from the fountain that gives life meaning and worth.[18]

In other times men conceived of sickness and suffering as the result of sin. Today the majority of people tend to scoff at such a notion. Certainly the rigid manner in which it was applied failed to be effective in restoring health. But we must be careful lest in our sophistication we lose an important clue to our understanding of brokenness and restoration. Men may no longer speak in religious terminology of sin, but evidence is everywhere apparent that we do suffer from the consequences of our failures. Observed the psychiatrist Karl Menninger: "Reality cannot be flouted with impunity, and the burden of punishment and consequence accumulates . . ." Unfortunately, this self-destructiveness often passes "beyond the point of reversibility." [19]

The sense of failure—the conviction of sin, if you will—becomes a necessary and determining factor in restoration. Menninger tells us "wist-

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[15] Fromm, *op. cit.,* pp. 46-47.
[16] "Religion and Health" issue, *op. cit.,* pp. 344, 346.
[17] Pinner, *op. cit.,* pp. 169-177. This could give the impression of masochistic roots, but a consideration of the total picture clearly reveals such is not the case.
[18] A comment in the *Journal of the American Medical Association,* Nov., 1952, is particularly pertinent at this point: ". . . Finally the aid of the family pastor in incurable cancer is often of greater benefit than psychotherapy or further palliative procedures any physician can offer . . . A clever pastor by patience and repeated contact may open the mind of the sufferer to religious experiences that will bring a purposefulness to his pain and thereby make it bearable." Quoted in *Pastoral Psychology,* March, 1954, p. 13.
[19] Menninger, *op. cit.,* p. 199.

fulness and sorrow" must replace "blitheness and arrogance" before any effective help can be given.[20] A patient must assume responsibility himself for his condition and recovery. There can be no compartmentalization of life and a passive acceptance of illness such as is exhibited in the statement: "The pneumococcus made me sick, but penicillin made me well again." [21]

The recovery of the girl who had the incomplete abortion is illustrative of the way of the reunion of life with life. Gradually through an experience of understanding-acceptance with a minister she became conscious of many of her previous reaction patterns. The focus of attention shifted from other people to herself and the need to assume personal responsibility for her actions and destiny. Part of the process of re-integration that became foremost in her mind was the importance of changing herself from within. She grew acutely aware of personal failure and a sense of estrangement from God. She yearned for an inner quietness and peace that would enable her to accept herself and handle her conflicts.

There was no verbalization on the part of the minister of her failure and guilt. Instead of condemnation, he was concerned only with helping her enter into a relationship of acceptance. He did not moralize or point out her mistakes. Rather in this new kind of experience he assisted her in her exploration of her own life. Thus, she discovered for herself destructive and creative depths that had been hidden previously. One day she announced spontaneously: "I feel that God has forgiven me for what has happened. I've prayed about it and told Him about it, so there is no need to continue telling Him because He knows. The thing now is to try to live a better life." "I didn't have any faith before. In fact, I was really losing any faith that I might have had. But now I'm beginning to get some. To try to change things inside of me. There has to be a change in me, not a pious kind of change, but one that is real . . ." With the realization of being accepted even though unacceptable she experienced reconciliation with God. Once this began to break in upon her, her resistance to recovery diminished, and she started to respond to the medical treatment.[22]

From the above discussion of health and wholeness in the hospital concern we discover that with which religion deals, namely, the answer of grace and salvation.

In dynamic terms grace and salvation involve wholeness—the reuniting of life with life, the reconciliation of man with himself, with others,

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[20] *Ibid.*

[21] R. May: *Man's Search for Himself;* Norton, New York, 1953, pp. 107-108.

[22] Cf. Hiltner's statement about spiritual healing: It "brings forgiveness for guilt about things concerning which one ought to feel guilty, after the real guiltiness has been recognized. It brings personality reorganization after the powerful elements of disorganization have been investigated. It brings peace after the causes of 'internal warfare' have been subjected to scrutiny and have been accepted as 'emotional facts.' It brings love after one's capacities for hostility have been seen and diagnosed. It bring security after one's anxieties have been understood and faced." "Religion and Health," p. 101.

and with the source and meaning of his existence, God, who is the creator, sustainer, and redeemer of life. It implies the acceptance of that which is alienated and the reconciliation of the disharmonious elements within himself.

Healing, consequently, is an experience taking place on all levels of man's personality. Simply to remove a stomach ulcer by surgery does not bring wholeness. An individual's entire life pattern must be healed. His entire personality structure must be scrutinized. This is what Luther saw. There is something more drastically wrong with man than any recital and confession of particular offenses (symptoms) can overcome. The whole nature of man needs to be healed. Luther formulated this by saying a physician has no need to probe each pustule to discover if a patient has small pox nor does he cure the disease scab by scab.[23] In light of this the concern for wholeness must be a concern with the total health and reconciliation of the patient.

Walter B. Cannon, in *The Wisdom of the Body,* expressed in physiological terms what is true of the total life of man: There is something at work in our bodies always driving toward integration and health. The doctor sets the bone, but something greater than the doctor accomplishes the healing. A relationship of acceptance enables one to confront heretofore unfaced dimensions distorting one's relationships, but something deeper than the immediate fellowship undergirds the reunion of life with life. This is not to imply that it is an automatic process, for brokenness will not heal itself. By conscious or unconscious attitudes and actions we can frustrate God's purpose. We can hinder the recovery of wholeness. Thus, there must be this personal knowledge that in the midst of brokenness there is a wholeness capable of realization, a relatedness to life, even though we are separated from it. This is what Paul meant when he affirmed "where sin abounds, grace does much more abound."

Summary of Agreement and Difference

We have seen that the dominant experience of brokenness and the dominant concern for wholeness in the hospital are expressive of the religious understanding of man. At the same time we must not be so naive as to assume that there are no fundamental differences between the understanding of the discipline of medicine and the understanding of the discipline of theology.

It is readily recognized that the "person" is intimately related to "his" disease. The prevailing attitude among physicians today is not whether a disease is psychogenic or physiogenic. Rather it is a question of how much "psyche" and how much "soma." It is, as Jung so simply and beautifully described, "the mysterious truth that spirit is the living body seen from within, and the body the outer manifestation of the living spirit." [24]

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[23] R. Bainton; *Here I Stand;* p. 56.

[24] Jung, *op. cit.,* p. 253.

With such a view religion is in complete accord. The point of tension, however, comes in an understanding of the depth of brokenness and wholeness. For the secular individual estrangement from self can be transcended by an attitude of "man for himself." This fails to recognize the radical distortions resulting from such worship of human self-sufficiency. It fails to acknowledge its own ontological presupposition. Likewise, it fails to recognize that man ultimately cannot be his own judge and redeemer. The religious person maintains that after neurotic anxiety and brokenness have been removed man needs to take unto himself the existential anxiety and brokenness which is part and parcel of his being a finite, questioning, responsible creature. Non-neurotic estrangement now becomes the deepest dimension of man's relationship with himself, with others, and with the ground and source of life. Such brokenness man cannot heal by himself.

In similar fashion, religion views reconciliation and wholeness in a deeper dimension. Psychiatry and depth psychology, in many instances, express little concern about the total world structure in which health is achieved. For the most part the question of where the drive for health comes from is never asked. When it is asked, the conclusion is that man's struggle for life is carried on by himself "in a universe indifferent to his fate . . . There is no meaning to life except the meaning man gives his life by the unfolding of his powers." [25] In the last analysis, man must bear the burden of his own failures and guilt himself.

To the religious man such thinking is limited. The individual who thinks this way fails to see and affirm the drive for recovery as the expression of the basic weave in the cloth of the universe. This reality does not exist in a vacuum. We do not create values; we realize values. Love is not our creation; we fulfill love. We are not the creators of life; we realize life. The universe is so constructed as to support our pursuit and realization of these experiences. Our striving for abundant life, for wholeness, is not carried on against or despite the universe. Beyond the narrow sense of health, although integrally related to it, is this dimension of whether or not life has any "real" meaning and worth. We cannot ultimately avoid asking this basic question.

Our ability to move toward harmony and wholeness between our body, with its physiological needs, and our spirit, with its emotional-meaning demanding needs, adds up in the long run only if the dynamic structure in which these are present is more secure than anything which we alone can determine or control.[26] The Christian belief provides the basis for this positive affirmation which a philosophy of life focusing only on the fruits and ignoring the roots cannot do. It relates man in a meaningful fashion to the ground and source of life by revealing the framework and dynamics in which wholeness is realized.

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[25] Fromm, *op. cit.*, pp. 44-45.

[26] D. Roberts: *Psychotherapy and a Christian View of Man;* Scribner's, New York, 1951, p. 115.

CURRENT TRENDS IN EVANGELISM

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With the resurgence of mass evangelism in and since the late 1940's has come a renewed interest in all phases of evangelism. Periodicals for the layman as well as those published primarily for the clergy have frequently carried articles devoted to the problems and techniques of evangelism;[1] numerous books on the methods of evangelism have been published;[2] the informal conversations as well as the scheduled programs at ministers' meetings have often turned to the subject, and religious conferences and conventions have devoted numerous sessions to it.[3] Some authorities have emphasized the faults and failures of certain patterns of revivalism; some have looked upon one particular form of evangelism as *the* form for our age; some have emphasized the need for critical evaluation and scientific study of the various types of evangelistic effort; some have been suspicious of the underlying nature of the entire trend, and others have felt that the Holy Spirit is bringing about a true revival of God's people through it.

In an attempt to determine the practices and beliefs about evangelism of clergymen in the Minneapolis–St. Paul metropolitan area we inter-

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[1] Examples are Hillyer H. Straton, "Is the Old-Time Revival Coming Back?", *Christian Herald,* Vol. 73, No. 6, pp. 38ff., June 1950; Roger Heidelberg, "Let's Stop Cashing in on Our Converts," *Moody Monthly,* Vol. 54, No. 1, pp. 9ff., Sept. 1953; E. G. Homrighausen, "Axioms of Evangelism," *The Pastor,* Vol. 17, No. 4, pp. 3ff., Dec. 1953; Stephen Neill, "Evangelism and the World Council," *Christian Century,* Vol. 66, pp. 460-462, Apr. 13, 1949; and Douglas W. Thomson, "Evangelism—A New Approach," *World Dominion and the World To-day,* Vol. 32, pp. 133-136, May-June 1954.

[2] Some of these are Bryan Green, *The Practice of Evangelism,* Charles Scribner's Sons, 1951; Harry C. Munro, *Fellowship Evangelism through Church Groups,* published for the Cooperative Publishing Association by the Bethany Press, St. Louis, 1951; Roland Q. Leavell, *Evangelism: Christ's Imperative Commission,* Broadman Press, 1951; George E. Sweazey, *Effective Evangelism,* Harper and Brothers, 1953; Faris D. Whitesell, *Basic New Testament Evangelism,* Zondervan Publishing House, 1949; and Dawson C. Bryan, *Building Church Membership through Evangelism,* Abingdon-Cokesbury Press, 1952.

[3] One of the six major sections of the Second Assembly of the World Council of Churches at Evanston, 1954, dealt with evangelism.

viewed 46 religious leaders and scholars in the summer of 1953. Of these, 17 were pastors of churches of 12 different Protestant denominations ranging all the way from Episcopal to the Assemblies of God, 7 were college or university professors who are especially concerned with the study of various phases of religion, and the remaining 22, several of whom were basically clergymen, included such persons as an evangelist, the superintendent of a large city mission, leaders in the St. Paul Council of Churches, an editor of *Youth For Christ* magazine, Child Evangelism teachers and leaders, a boys' club director, the editor of the *Catholic Digest,* church parish workers, and the director of the Billy Graham Evangelistic Association. Although these were selected to be representative of broad ranges of viewpoints, we do not profess that they comprise a representative sample in the scientific sense of the term.

The interviews were not rigidly structured; no formal interviewing schedule was followed, and considerable encouragement was given to individual patterns of response growing out of variations in opinions and experience.

The major emphasis in this paper is limited to those aspects of evangelism that are involved in attempting to bring about religious conversion. This is as much a reflection of the viewpoints of our subjects as of our own narrowing of the topic. Four major areas to which attention was given in the majority of the interviews will be discussed in this paper: (1) the interviewees' definitions of religious conversion and the criteria that can be used to determine its reality or effectiveness, (2) the effectiveness of various methods of evangelism, (3) the relationship of personal background to the effectiveness of conversion and of evangelistic effort, and (4) the patterns or methods of evangelism that are used at present in the respondents' work.

Definitions of Conversion

There have been numerous attempts to define and classify personal religious conversion experiences as psychological or sociological pivotal points in the life of the individual.[4] Such definitions and classifications usually do not profess to deal with the theological aspects of conversion. Rather than present the several viewpoints here, we shall simply indicate our own summary of the opinions of the religious leaders we interviewed.

We found that no sharp distinctions could be drawn between the varying views of the nature of conversion presented to us in the interviews; we could not easily classify the definitions into two or three or a few types.

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[4] See, e.g., Edwin D. Starbuck, *The Psychology of Religion,* Charles Scribner's Sons, 1899; William James, *The Varieties of Religious Experience,* Longmans, Green, and Co., 1902; Elmer T. Clark, *The Psychology of Religious Awakening,* Macmillan Co., 1929; L. L. Bernard, "Attitudes and the Redirection of Behavior," Chapter 3 in Kimball Young, editor, *Social Attitudes,* Henry Holt and Co., 1931; and H. L. Zetterberg, "Religious Conversion and Social Roles," *Sociology and Social Research,* Vol. 36, pp. 159-166, Jan.-Feb., 1952.

Yet there were two extremes that gradually emerged, with the others arranged as if in a continuum between them. At the one extreme we have those who looked upon religious conversion as an instantaneous, miraculous event, and at the other extreme we have those who considered it to be a gradual, drawn-out process. We shall call these, respectively, the "event" and the "process" viewpoints.

Typical of the "event" definition of conversion is the statement that it is "an instantaneous birth into the family of God." Ministers of churches of the Assemblies of God, the Full Gospel, Mission Covenant, Presbyterian, and the three Baptist denominations represented in our interviews, one college professor, and leaders of the interdenominational city mission, Youth for Christ, Child Evangelism, and the Billy Graham Evangelistic Association tended to believe more strongly in conversion as an event than as a process. Yet in every instance there was a recognition that this event may be preceded by a lengthy pre-conversion process and that it should be followed by a process of Christian growth and development.

Many of those who believe conversion to be a specific event in the life of the individual recognize that some Christians cannot remember the exact time and place where that event took place and that in the case of those reared in Christian homes this is particularly true because the experience of conversion is so difficult to extricate from the total life pattern. The process, however, was subordinate in significance to the event of "being born again," "receiving Christ as Savior," "accepting the Lord," "being saved," or "coming to Jesus." This tends to be the emphasis of fundamentalists and conservative evangelicals.

The definition of conversion from the viewpoint of those who emphasize its being primarily an event is made more clear by the signs or criteria by which one can tell whether or not a conversion is genuine. Since there was no checklist in our interviewing, these items were spontaneously mentioned of the interviewees' own volition and hence very likely do not comprise a complete listing of all criteria for which they actually look in trying to appraise the validity and reality of a religious conversion experience. Yet they probably are the marks of Christian living considered most vital, unless for some extraneous reason they were foremost in the respondents' minds at the time of the interviews.

The most frequently mentioned criteria of "true conversion" mentioned by those looking upon it primarily as an event were continued growth in the Christian life, a sense of new life, a desire to share the Gospel with others, and the cultivation of a devotional life by reading the Bible, prayer, and similar activities; next most often mentioned were changed attitudes toward good and evil, "soul-winning," the appearance of new character traits ("the fruits of the Spirit"), social passion (concern for the material as well as the spiritual needs of others), and a sense of increased faithfulness in the discharge of responsibilities toward the church. One

person included adherence to Old Testament law as indicative of an effective conversion.

Criteria of, or indications of, an effective conversion from the viewpoint of those emphasizing its nature as a process include, in the order of frequency of mention, (1) the faithful discharging of obligations to the church; (2) the development of one's devotional life and a repentant attitude; (3) social passion and an increasingly firm faith, and (4) the development of new graces, changed attitudes toward good and evil, and a desire to share the Gospel. This "process" viewpoint of conversion was emphasized by the Lutheran, Congregational, Evangelical and Reformed, Episcopal, and Methodist pastors and by two of the college professors who were interviewed.

These religious leaders who looked upon religious conversion as primarily a process rather than a specific event typically defined it as "not a separate, final act, but a definite place of departure, point of turning, or beginning." Yet, this point of turning or beginning may be looked upon as a specific event, just as for the other group the specific event occurring in the midst of a usually lengthy process may be looked upon simply as a point of departure. Hence the distinctions between the two groups may in reality be more a result of misunderstanding and misinterpretation or of differences in emphasis than anything else. Among those who considered conversion to be chiefly a process, for example, were one who remarked that "conversion may be radical, but growth, gradual conversion, is also valid," and another who declared that conversion "is more a process than an event; yet our people also have events in their lives—these events are part of a process." Many who emphasized the significance of conversion as a process also emphasized the significance of baptism and confirmation.

Although conversion was variously defined as a once-for-all decision, a series of events, a process, the result of a process, the initiating event of a process, an inward and subjective event, an outward act, etc., all our interviewees implied belief that the Christian experience of conversion must be very closely related to the preceding events in the individual's life and to the experiences that follow. To what extent these differences and cleavages in Christian circles related to them are a result of semantic differences and a lack of sympathetic understanding of slight variations between their viewpoints and those of others we did not try to determine. Superficially, at least, it appears that the various Protestant groups with their different emphases have much more in common with respect to their beliefs about religious conversion than most of them in their sectarian biases would care to admit.

Methods of Evangelism

Our interviewees made many comments about varying methods of evangelism used by churches and the relative effectiveness of each in our day. The most significant difference between those emphasizing conversion

as an event and those looking upon it primarily as a process was the tendency of the latter group to omit completely from mention or even to decry the use of mass evangelism and of the Sunday School or Church School as distinctly evangelistic media. Otherwise the same basic tendencies were noted in both groups, so their responses will be considered together in this discussion.

The major emphasis in this presentation will be upon the viewpoints of the pastors. The methods of evangelism used in their churches will be discussed in decreasing order of significance, as indicated by the frequency of mention, except for mass evangelism, which will be presented last because of the relatively great amount of attention given to it in the interviews and hence in this report.

1. *Visitation evangelism.* Nine persons mentioned its use by the church as a means of evangelistic outreach. None of these considered it to be the most effective method of evangelism. It was criticized by one minister who had a narrow conception of it on the grounds of a "lack of atmosphere"—the conversation too easily levels down from talk of sin and the need of salvation to "non-spiritual" topics of conversation. Another pastor had discontinued its use because of the lack of results in terms of converts or new church members. Three others used only a limited and selected group of laymen in the church for their visitation program in the belief that indiscriminate use of volunteers is detrimental to the success of the visitation efforts.

2. *Regular church services.* The regularly scheduled church services were mentioned by eight pastors as being one of the most effective agencies of evangelism. The Sunday morning worship service was looked upon as the most favorable of all from the viewpoint of winning converts and new church members. This approach is typified by the statement, "When visitors realize that the sheep are well fed, a desire develops in them to become a part of the fellowship even if at the time they are not Christians themselves."

3. *Daily life contacts.* Five pastors made definite mention of the effectiveness of evangelism that is based upon the daily contacts made by church members in their everyday living. One pastor, for example, told of an employer who had been converted and had become a member of his church as a result of the employer's observation of the daily life and work of one of his most inconspicuous employees. On the other hand, one pastor mentioned the fact that the lives of church members are often the determining factor in repelling others from the church.

4. *Local church revival meetings.* Four pastors referred to such meetings. One said that from 50 to 75 per cent of all conversion decisions made at such services "remain true." Another, however, indicated his dissatisfaction with such services for evangelistic outreach and indicated his belief that the desirable effects of such meetings are to be found in a more satisfactory Christian life among church members.

5. *Sunday School.* This was named as an effective means of evangelism by three pastors. One challenged what he believed to be a fairly general opinion that the Sunday School is the main source of growth for the church and indicated that, instead of finding 85 per cent of his new members coming from the Sunday School, in his church less than 20 per cent of the increase in membership in a recent year could be traced or attributed to Sunday School.[5]

6. *Fellowship evangelism.* Two pastors have an organized program by which new persons visiting or joining the church are invited to the homes of church members who have common interests. These newcomers are thus gradually worked into seemingly casual contacts with church members and are ultimately brought into the church itself.

7. *Telephone evangelism.* One pastor has led his church into use of the special telephone directory in which numbers are listed by address for the evangelistic outreach of his church into the community. Those who work with him on the program take the names and numbers in a given city block and go right down the list telephoning invitations to each home.

8. *Radio and television.* One pastor has used radio and television programs extensively in the evangelistic outreach of his church. He has found these media to be very effective in bringing strangers into the group. Of the two he expressed a decided preference for television.

9. *Mass evangelism.* Mass evangelism on the cooperative or united church basis was mentioned by a large number of the pastors interviewed, but only two of them looked upon it with a high degree of favor. Several associated mass evangelism with the use of emotional pressures and psychological coercion and hence were opposed to it.

The representatives of the Billy Graham Evangelistic Association and of Youth for Christ indicated that the meeting place is significantly related to the effectiveness of the meetings as measured by the number of converts. Converts are more easily won in public auditoriums than in church, and they are won still more easily in open-air meetings.

Because of the great attention given in the press as well as in Christian circles to the revival campaigns of Billy Graham and because many of the ministers had been in the Twin Cities during his twenty-day campaign in Minneapolis in 1950, eight of the pastors who were interviewed specifically mentioned Billy Graham's work or his Minneapolis campaign. Reports of this campaign indicated an aggregate attendance of an estimated 275,000 persons and the signing of 4,500 decision cards. Thirty-one per cent of the decisions indicated by the cards were those of first-time converts, 48 per cent were those of persons who had received assurance of salvation, and

[5] Of course, many persons coming to a church by transfer of membership from other churches and even by adult conversion may have had Sunday School training in their childhood; hence in the ultimate sense of the term "the Sunday School" may be the leading source of church members. This is a specific topic on which much research is necessary.

21 per cent were those of persons rededicating their lives to Christ. Seventy-nine per cent of the cards represented persons living in the Twin Cities of Minneapolis and St. Paul and in their suburbs.[6]

One of the pastors who mentioned Billy Graham's campaign in Minneapolis said that 50 per cent of the converts in the Twin Cities had affiliated with and remained in the local churches, but others gave contradictory evidence, at least for the persons whose decision cards had been received in the churches of which they were pastors. Thus one pastor stated that "nothing really new" had come to his church from the campaign. Two pastors who placed major emphasis in their definitions of conversion on the "process" involved indicated that only 5 per cent (1 out of 20 and 3 out of 60, respectively) of the references they had received from the campaign were "real." When the "converts" were contacted they were said to have given such responses as "I don't know why I went forward" and "I was forced down the aisle," and some of them refused even to talk about the experience. The 5 per cent who had a "real" experience had already been attending church and hence were considered by these pastors as representing only a continuation of a process that had already begun. Another pastor quoted Billy Graham with approval as having said that even if only 10 per cent of the conversions were genuine, he would be satisfied. (Since the Minneapolis campaign increasing attention has been given by the Billy Graham Evangelistic Association to follow-up work. A definite program of follow-up activities has been set up under the leadership of Dawson Trotman. This program is aimed at bringing the converts into active church membership and participation as well as helping them to grow and develop as individual Christians. Part of the stimulus to set up this program was no doubt the limitations and mistakes of revivalism in the past. Many of the criticisms of mass evangelism will be overcome by this program.)

Other objections to the Billy Graham meetings were voiced. One pastor said that the invitation given is so broad that all persons present could and should raise their hands for the appeals given. Several who strongly disapproved of the methods used by Graham were less antagonistic toward the evangelist than concerned about possible ill effects of his techniques.

Many pastors said or implied that Billy Graham was reaching people the churches could not or would not reach. One, deploring certain aspects of the methods used, said that he went home and wept after attending one of the services because, even though he recognized the inadequacies of Graham's approach, he himself knew not how to reach the people who were in such great need. Several gratefully mentioned the cooperation with the local churches that is so characteristic of the Graham meetings.

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[6] "Graham Group Lists 1,395 First Converts," Minneapolis *Sunday Tribune,* Oct. 15, 1950, Section L, p. 1.

In summary, it should be emphasized that none of the pastors expressed strong antagonism toward Billy Graham. Even those who disapproved of his methods and were skeptical of the results felt that he was reaching a group of "dispossessed people" who were neglected by other religious groups and programs.

Personal Background and Evangelism

Religious leaders generally believe that the Christian message, the Gospel of salvation through Jesus Christ, should be equally effective in bringing about conversion of all men—men of all personality types and social backgrounds. Yet there seems to be a growing realization, even among fundamentalists, that although this ideally should be so, in reality persons of certain backgrounds and perhaps of certain personality types are more readily won to Christ and the church than others. Two of the respondents directly indicated that they believe this to be so, and ten indicated indirectly throughout the interview by their responses that they believe the background of the individual to be of great importance. At least five others openly stated that the background is unimportant or that they did not know if it is important, and then later in the interviews they made contradictory statements that implied the significance of background experiences, upbringing, etc. For example, one interviewee who stated that the background of the convert is not very important in determining the effectiveness of the conversion experience later made the assertion that "it is amazing that two-thirds of our Christian workers, pastors, and leaders come from religious backgrounds, Christian homes." [7]

A recognition of the variations between individuals and of the possibility that some might be reached more effectively by one method of evangelism than by others led to the observation of three of our respondents that the success of a mass meeting is at least in part based upon curiosity and the sense of anonymity that is possible at such gatherings. Various other comments were made, some indicating thankfulness for any method that leads to the salvation of souls, whether or not they themselves could feel justified in using it, and others indicating that abuses are possible in all types or methods of evangelism. Three respondents indicated their belief that there is no essential difference between the people reached by differing methods of evangelism.

Several of our interviewees stated directly and others by their comments implicitly indicated that they deplore the use of psychological coercion in evangelism. They believed that the effectiveness of conversion was reduced as the amount of pressure was increased and that a sudden decision

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[7] A recognition of the significance of background to conversion and other religious experiences is not inconsistent with Scriptural teachings, as some of our fundamentalist brethren have occasionally claimed. Cf. Deuteronomy 6:4-9; Proverbs 22:6; Romans 10:14-15; and II Timothy 1:5.

under emotional stress was less likely to result in a lasting Christian life than a decision that had been thought out more thoroughly.[8]

The use of emotional coercion was also criticized for other reasons than its frequent lack of long-range effectiveness. Two persons implied that revivalism, where such pressures are found most frequently, had become a form of entertainment and an emotional outlet for some people. A third said that calculating and maneuvering for decisions is "slanderous and sinful," and a fourth indicated that revivalism has become obscurantistic—"it buries important issues in emotion so that you cannot really come out and discuss them."

It is probable that most of these criticisms are related closely to the theological views of those holding them.

Current Emphases in Evangelism

On the basis of the interviews partially reported in the preceding sections of this paper, we can conclude that at least five major characteristics apply to the religious organizations and activities under the leadership of those whom we interviewed.[9] (These are not given in any logical order of increasing or decreasing significance.)

1. The churches are earnestly concerned about evangelism. This is true of liberals as well as fundamentalists and of those who believe conversion to be a gradual process as well as of those who emphasize its basic nature to be that of a distinct event. Many look upon evangelism—defining it more broadly, perhaps, than others—as the sole purpose of the church, its only legitimate function.

2. The pastors and other leaders with whom we spoke emphasized the importance of Scriptural appeals. This is true of those who tend toward liberalism and neo-orthodoxy as well as of fundamentalists. A typical statement reflecting this emphasis was made by one pastor who said, "When people are confronted with the historic claims of Christ as found in the Bible, there is an amazing response."

3. Currently the main channel of evangelism is the local parish. Even in the united mass evangelism campaigns of the Billy Graham Evangelistic Association great emphasis has been placed upon the role of the local churches in preparation for and follow-up of the results of the meetings. The most frequently and the most favorably mentioned forces for evangelistic outreach were the regular services of the church accompanied by faithful living of the Christian life by its members and visitation evangelism.

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[8] Is it not possible that the very types of personalities that experience an emotional conversion are those that are unstable otherwise and that it is not the emotional pressures so much as the kinds of persons they entice that are responsible for this falling away (if there indeed is a falling away)?

[9] Cf. the summary-conclusions of Elmer G. Homrighausen, "Trends in World Evangelism," pp. 32-49 in *World Christian Handbook,* 1952 Edition, edited by E. J. Bingle and Kenneth G. Grubb, World Dominion Press, London, 1952.

The most frequently mentioned criterion of an effective conversion was a sense of responsibility to the church. At least three of the religious leaders who believed conversion to be primarily an event rather than a process mentioned the difficulty of getting a person who had been converted outside the church to enter into the church fellowship. One of these stated that "a home decision is not enough; you seldom see converts really come through until they have publicly . . . identified themselves with Christ and the church."

4. There appears to be a renewed emphasis upon Christianity as an entire life rather than as a decision alone or church membership alone. There is a recognition on the part even of most fundamentalists and a denial by none who were interviewed of the significance of the process leading up to conversion and the process of growth following it in the Christian life. The necessity of follow-up work after revival campaigns as well as in the regular program of the church to help the converts remain true to their decision is a reflection of this trend. The recognition of the need for integration of prospective or new members into the fellowship of church members is also implicit in the emphasis that true Christianity is a way of life and not merely a belief or a verbal profession of faith. The emphasis upon growth in the Christian life rather than upon large numbers of decisions for Christ or for church membership and with it the minimizing of psychological pressures for "decisions" also is indicative of this.

5. A spirit of generosity toward other groups and a recognition of common objectives seem characteristic of most of the leaders who were interviewed. Rather than antagonistic attitudes toward those who held somewhat different beliefs about baptism or the nature of conversion or religious education or other issues, there seemed to be an attitude of love and sympathetic understanding in the majority of instances. Even though many deplored the lack of an emphasis upon the need for a definite crisis experience of conversion in certain groups other than their own, they recognized that large numbers of the members of those groups were "born-again Christians." Even though others did not agree with the methods used by Billy Graham, they did recognize that he was doing much good, and it is possible that his Minneapolis campaign had the effect of increasing their sympathetic understanding of, and cooperation with, one another.

Conclusions

Although we have noted great similarities in the concepts of conversion of those who believe it to be primarily a process and those who believe it to be an event, we do not wish to imply that the underlying theological interpretations of the nature of conversion are basically the same or even that they are necessarily related to the circumstances under which conversion takes place. The similarities of the criteria by which the effectiveness of religious conversion can be measured likewise do not necessarily reflect similarities in the use of the concept. In one group religious con-

version may be considered to be completely an act of God, a miracle performed in the heart of the contrite that is primarily a spiritual experience, while in another it may be considered simply a reorganization of the personality, a shifting of roles, or the acquisition of a new outlook on life. It is these philosophical and theological interpretations more than the methods or techniques used in evangelistic efforts that divide Christians into various opposing or non-cooperating camps.

There is a need for objective evaluation of certain aspects of evangelistic endeavor. One of the goals we were striving to reach in the project of which the interviewing was a part was the follow-up of groups of Christians who had been evangelized under varying circumstances in the past. We found that records usually are not kept of such groups; typically, the only records that are available are of those who are baptized or confirmed or who joined the church. It is hence impossible to make studies of complete groups of converts who have come to the church through varying types of evangelistic activities, unless conversion is defined as baptism or confirmation or the act of church-joining. While some religious leaders indicate that they are not concerned with those who "fall by the wayside" as long as a few are genuinely converted, it is possible that with different techniques or methods of evangelism many more converts could be secured with the same amount of effort and that fewer persons would be alienated from the church than are now by certain current techniques.

Under the light of objective follow-up studies, subjective evaluations of the effectiveness of various types of conversions may give away entirely, and many Christian leaders may find that in their zeal they have actually done more harm than good for the cause of Jesus Christ. We found, for instance, that many children failed to continue attending Sunday School and that children of two families even had transferred to a Roman Catholic church and school after they had been under the influence of a highly revivalistic and emotional type of evangelism in a Protestant daily vacation Bible school. Only 14 per cent of the limited number of "converts" of this vacation Bible school program who could be followed-up were still faithful in the church from two to four years after their professed conversions.

Comparative long-range research studies of the methods and techniques of evangelism and their results can contribute much to the improvement of the work of the church and of Christian leaders. At the same time it can aid the growth and balanced development of sociology and related social sciences. In our generation science and religion need not be enemies; they can work hand in hand as friends, sharing in the benefits as well as the responsibilities of their friendship.

INTERRELATING PSYCHIATRIC AND RELIGIOUS IDEAS

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The quest for significant conversation between the thinking of psychiatry and of religion is far-reaching and growing. Professional groups and the general public show keen interest in publications on the subject, and more has been written in the past five years than in the previous twenty-five.

A subtle temptation lurks in the background of most efforts to interrelate the ideas of psychiatry and religion. It is in the wish for a simple formula. It may lead the religious thinker to pigeonhole psychiatric ideas in static niches, and it may lead the psychiatrist to identify religion with only a part of its traditional structure. George Hedley has said of symbols, "The really curious fact about symbols is that almost everyone takes his own symbols symbolically, while he tends to charge all other people with taking theirs literally." [1] One might also say this of ideas. And it is well to add that the wish for a simple formula does not vanish forever when exposed; it tries to return in other ways.

The futility of easy answers is compounded by today's rapid developments in both religious and psychiatric thinking. The distinctive role of each appears to change as the common concerns increase. More and more theories of each are under scrutiny by the other and the ways of trying to relate the two become ever more various. Recognizing these trends helps one to sense the nature of the quest and relieves an inordinate urge to gain a quick decision which would do violence to the facts.

It is misleading to assume that the situation may be portrayed by two people exchanging ideas, one a psychiatrist and the other a clergyman. Conferences and panel discussions dramatize the effort in this way, and dialogues between individuals and between groups are important. But the deeper, more crucial process of relating the ideologies to each other is a process which transpires within the individual. Each person has other frames of reference besides his dominant professional one. The theologian is confronted by psychiatric phenomena and interpretations, and he must do something with these in relation both to his theology and to his own per-

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This paper was written while the author was Chaplain at Winter Veterans Administration Hospital, Topeka, Kansas.

[1] *The Superstitions of the Irreligious;* Macmillan, New York, 1951, p. 57.

sonality. The psychiatrist hears the claims of religious faith and must seek their psychological meaning as well as make a personal decision as to their bearing on his life. Conferences aid in gaining a clearer understanding of the ideas of another discipline, but the relationship forms within the self.

Many psychiatric ideas are not disturbing to religious thought. Most of what is said in the usual textbook of psychiatry concerning examination, diagnoses, and treatments arouses no controversy with religion (omitting a negligible fringe of anti-scientific groups). It might be healthier for everyone if religious leaders had much more concern about the main stream of psychiatric work. It is also true that there are many wrestlings with questions of ultimate destiny in the textbooks of theology which do not arouse psychiatric excitement—and these, too, might merit greater concern from this quarter than they receive. The present discussion deals with psychiatry especially as it has developed through the influence of psychoanalytic discoveries and theories. The theological approach stems from contemporary Protestantism.

In trying to relate the ideas of any two fields to each other it is well to remember that ideas are rooted in living experience. They may be expressed in similar words but designate concepts that are different. To move accurately from one to the other is like using a city bus system which has no crosstown lines. To get from southwest to northwest one must go all the way downtown and out again. This has not been done often enough in either direction in the more controversial literature about psychiatry and religion. For example, the word "moral" is frequently misunderstood in conversations between clergy and psychiatrists. Psychiatric usage leans heavily toward the concept of a code of behavior. Religious usage may also mean this, but among theologians it is more likely that not only behavior but motive, circumstances, and world-view are implied.

The strategy of working with ideological relationships in this instance involves a choice between examining psychiatric ideas in the light of theology or examining theological ideas in the light of psychiatric theory. A third alternative may be possible, that of selecting the more common areas of encounter and making some statements on their dual implications. This will be attempted in the remaining sections of this paper. But the selection is also based on an inevitable bias toward one discipline, and the issues mentioned below will be expressed more often in theological or philosophical language. The empirical basis of the selection grows out of participation in eight annual seminars in psychiatry and religion with the residents of the Menninger School of Psychiatry, two annual Gallahue Seminars in Religion and Psychiatry at the Menninger Foundation, and numerous other meetings and informal discussions.

In general, when psychiatric theory states that psychiatry is concerned with man "as a whole," religious thinkers pay close attention. One writer

has spoken of psychoanalysis as a "cure of souls." [2] The concept of wholeness presumes a climate of thought toward which theology assumes a special competence, and the cure of souls is native theological soil indeed. Theologians know that psychiatric theory is obliged to follow out ramifications into every major phase of human endeavor if it is to be adequate as theory. So there is not a proprietary issue at stake but rather a concern that philosophizing and theologizing be recognized as such whenever they are employed, lest the factual authority of a more exact science be carried over unwittingly into a theoretical exploration. (On the other hand, in discussions of empirical data, theological opinion should not conflict with phenomena which are carefully observed and described.)

Borrowed Issues

Some areas of encounter within religious and psychiatric thinking are generic to neither field but are generic to all human thinking. These are the persistent differences of philosophical bias. Platonic and Aristotelian views have never been harmonized successfully. Both strains are represented in the sphere of religious thinking and the development of theology has been influenced greatly by their interplay. Theorizing in psychiatry is subject to the same deep-rooted differences. Thus a Platonic sort of theologian might encounter an Aristotelian sort of psychiatrist and engage in a struggle appearing to observers as a contest between religion and psychiatry, while not necessarily being what it appears to be. The work of relating ideologies to each other demands an orientation in historical modes of thought which will distinguish the essential issues from the more general problems.

Many apparent conflicts between psychiatry and religion have been a re-enactment of an older warfare between science and theology. The application of scientific principles to human phenomena stirs up anew some of the issues which had been fairly well resolved in relation to physical sciences. This set of borrowed issues receives fresh vigor from the human equation as it differs from physical data, but earlier ways of solving conflicts are still relevant. The theologian who has thought through his relationship to scientific theory and the psychiatrist who has thought through his relationship to theology are already far beyond the name-calling stage of "materialism" vs. "superstitution."

Discerning Truth and Reality

In the prayer for "granting us in this world knowledge of the truth, and in the world to come life everlasting," St. Chrysostom did not intend to express a dichotomy, but a continuum. The Greek word for "truth" is also the word for "reality." In English, religious language uses the former much more than the latter. The word "truth" implies both that which is

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[2] Erich Fromm: *Psychoanalysis and Religion;* Yale University Press, New Haven, 1950.

so and a sentient being who is truthful about it. Psychiatry uses the word "reality" as handily as if it were a substantive but recognizes the highly symbolic character of the word whenever called upon to define it. Traditionally, religion authenticates truth by revelation. Psychiatry tests reality by empirical, scientific methods. In operation, however, revelation is constantly checked against experience, observation, and reason. Some theologians grant empirical sources an authority at least equal to scriptural or ecclesiastical sources, while others give primacy to revelation and regard reason and observation as ways of correcting man's finite understanding of revelation. In either case religious thought is grounded in much more than a specific dogma of revelation. Psychiatry begins its work of observation and reason with basic assumptions which are not provable, and shares with other sciences a debt to intuition for many important contributions. Each field, then, has its own elements of "reason" and "revelation," but each underemphasizes a different one.

Dynamic psychiatry both challenges and implements the efforts of epistemology. Discerning truth, or knowing anything, is one step further removed from certainty when one recognizes the influence of deep emotion upon reason. Religious truth has been openly questioned by some psychoanalytic writers because of primitive sources and unconscious motivations. This is not the place to pursue such questions. It is worth noting, however, that this problem of knowledge may be subjected to the same psychoanalytic questioning on every front, and legitimately so. There is a need for a study of the philosophy of science in relation to psychodynamic views of the function of reason in man's quest for truth. Dynamic psychiatry does not leave the issue hanging on a question, fortunately, but shows enough about the unconscious influences to offer a starting point. What Toynbee has called "the Dark Continent of the Universe," [3] i.e., Human Affairs, is partly opened for exploration, and the psychological meaning of exploration itself is partly illuminated.

The psychological investigation of religious data has a longer history than has psychoanalysis. The psychology of religion has been a regular part of theological curricula for several generations, but the brand of psychology has been non-dynamic in most instances. Rapid growth is now under way at some seminaries toward using more dynamic contributions. A full-grown, psychoanalytically oriented psychology of religion is not yet appearing on the horizon. It is in the making, however, and it will enable religious concerns to be applied to a wider human scope.

The Nature of Man

Psychoanalytic discoveries disturbed everyone's concept of the nature of man. Theologies which emphasize sin as a cardinal feature of human nature should have rendered their adherents more immune to shock, but

[3] Arnold Toynbee: "Poetical Truth and Scientific Truth in the Light of History," *International Journal of Psychoanalysis,* Vol. XXX, 1949, No. 3.

they, too, were jolted by Freud. Perhaps this was due to the terms which Freud used to express his discoveries. Superficial reading of Freud's theories led many to feel that he was reducing all higher values to lower mechanical processes and in several places he used the phrase "nothing but" which contributed to this impression.

There is no basic contradiction in saying that man is a spiritual being and that man is an animal; both can be true. Trouble arises when either statement is made with the intention of excluding the other. Any exploration of little known territory involves some early distortions, and any psychological approach is likely to map out spiritual experiences in a way not acceptable at first to tradition. The problem of relating the thinking of dynamic psychiatry and the thinking of theology about the nature of man has been well stated by the Reverend Joachim Scharfenberg:

> Consequently any pastoral theology demands a thorough knowledge of man. It is precisely here that pastoral theology must come to terms with a certain quandary. For it seems that there is no completely clear conception of man as such within the biblical framework of revelation. The Bible shows a marked lack of interest in man as such. Its interest is in man in his relationship with God or in his general position as a being ruled by sin or by grace. Apart from this relation, as far as the Bible is concerned, man seems not to exist. In the few passages where man is spoken of, apart from this relationship, the terminology of the secular world is introduced with some naivete.[4]

Psychiatric exploration has added depth and detail to every previous concept of man's nature. The basis of difference between the theological and psychiatric approaches to human nature is in the purpose behind each. The psychiatrist seeks to understand man in order to treat and to heal. The religious leader tries to understand man in order to bring him into a relationship with God which includes greater wholeness individually, socially, and in a perspective beyond mortal existence. Psychiatry strives for an accurate description of the individual, of his relationships within a social framework, and for a chart of the course of his life especially in relation to incapacitating malfunctions of thought, feeling, and action. Theology comes at the individual from the perspective of supernatural and valuational concepts which have been inherited through the religious tradition and which make contemporary demands for growth in certain directions.

World View

A scientific heritage predisposes the psychiatric thinker to view the cosmos through the physical, biological, and social sciences. There is no unanimity among those who would translate this approach and the theological approach (beginning with God, the creation, man's spirit, good and evil, and redemption) into each other's languages. Again it is a task for each person who wishes to unify his own thinking. He can do this better

[4] "The Babylonic Captivity of Pastoral Theology," *Journal of Pastoral Care,* Vol. VIII, 1954, No. 3.

if he becomes familiar with some of the principal ways which have been covered already in the literature of psychiatry, and of religion, and of philosophy.

To the religious person the crucial question is, What does a man worship? Not only does this refer to formal worship, but what actually is the subject, pursuit, constellation of values—in simplest English, the god—of greatest veneration throughout the entire life of a person, including his working life, his choices, his associates, his leisure, his failures and successes? To what or to whom will a man sacrifice everything else if necessary? The complaint of the clergy is that most people worship something less than the God who is the subject of Christian theology. Psychiatrists, specifically, are thought liable to limit themselves to the worship of what is human, albeit human at its best. At this point some psychiatrists would assert that theology is a human pursuit, and this is generally acknowledged. The pointed difference lies between the theologian who maintains that the source of his effort is a divine source, independent of human devising, and the psychiatrist who would label all theological concerns as entirely human and nothing more.

Right and Wrong

Conflict in the area of values has diminished markedly in recent years. Ethics is rooted in principles of long-time workability in social living. Morality is codified for convenience, but its implications are universal, extending through living relationships of people to what is ultimately true of existence in general. As religious thinkers recognize the distortions of moral codes, and as psychiatrists study the broader social ramifications of individual behavior, mutual understanding grows.

Psychiatry asks questions about the teaching of moral principles, and these questions deserve long and persistent study by religious teachers. The biblical commandment to love one's neighbor can be taught in a non-loving, abstract way, resulting in a caricature of love. The doctrine of sin, useful in helping a person to recognize difficulties within himself and others, may be misapplied in broad generalities with the result of conveying a feeling of futility.

Discussions about freedom, free will, and responsibility take place in the area of moral issues. There is no theological unanimity here but many shades of conviction. Why it is often assumed that theology demands absolute freedom and psychiatry insists upon absolute determinism remains one of the minor mysteries.

Goals

Toward what sort of reality are people to grow? In practice, a psychiatrist seeks to draw the elements of a patient's own reality out of his immediate situation, personal and social. If there is instability, the patient may need a manageable, small scope of reality. But toward what reality

is the psychiatrist himself to grow? By the very nature of his profession, a psychiatrist subscribes to a more humane society than now exists. Both for himself and his patient he faces a problem of relating the present situation to one that is more ideal. The minister is also faced with this disparity. How rapidly can he lead and stimulate people to take more responsibility, to be in the world and in Christian community at the same time? How can he "comfort the afflicted and afflict the comfortable?" The minister has his goals fairly well defined by his biblical and theological guides. His problem is to particularize these with given individuals and groups. The psychiatrist is able to particularize with great skill. His problem is to relate immediate and specific goals to concepts of society at large and to the purposes expressed in religious faith.

Other Issues

Several other issues provide common ground of discussion between the spheres of psychiatry and religion. These cut across the areas outlined above, involving man and his cosmic setting, and how he knows truth, and so on. Actually the most pressing mutual concern is the relief of suffering. This is not primarily an ideological issue, but a practical one, and there are few differences of opinion about it. Some issues might appear in the ideological interpretations of suffering.

A frequent criticism of religion from psychoanalytic sources concerns love. It is that organized religion, particularly in the Judeo-Christian tradition, has phrased its highest aims in terms of love, but the institutions of religion have not done an effective job of making people more loving. This criticism has a sharp point because of religion's commitment to love as the central reality. At the same time the criticism is made on the basis of observations that are less than scientific. Shortcomings do not invalidate the goal of becoming more loving. The criticism is well-taken, however, in matters of technique within religious institutions.

A final question may be raised about the experiential function of any intellectual understanding sought through ideologies. There is a parallel between the failure of intellectual insight to bring therapeutic relief, and the failure of a pastor's rational explanation of death to bring comfort. There are many answers to deep human needs which come through religion and through psychiatry which are not explanations, but direct and satisfying answers. The moral, if any, cautions us lest we confuse shadow and substance. The ideological relationships between psychiatry and religion offer challenges worthy of the best efforts of the finest intellects. A neat solution of the problems involved is not a necessary prerequisite, however, to cooperation in helping people.

SPIRITUAL PROCESSES AND MARRIAGE FAILURE

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Some time ago I was invited to act as counselor for Divorcees Anonymous in our area. Divorcees Anonymous are groups of people who have suffered or now are suffering in one of the various stages of marriage failure. These people seek to help each other live through—and, if possible, grow through —the crisis confronting them. From them have come certain ideas and revelations that I feel may be of help to my fellow ministers.

First of all, I am impressed with the importance of the *process* which is working within their lives. It is this continuing process that determines so much of the meaning to them of every event which occurs.

It surprised me somewhat to discover that nearly all of these persons had sought help and that almost every one had approached a minister, rabbi, or priest. Probably there are many reasons why they received very little or no help from these spiritual advisors, but one of the most important was the failure of the clergyman to recognize the importance of the continuing *process* which was working within them toward disintegration or reintegration.

In nearly every case the clergyman had acted as though the immediate, specific trouble—the external legal or social relation between the two—was all that need concern him. He tended to respond in one of two ways: the "tut! tut! this will pass over, go home now and make up" approach, or a very vigorous and dominating pressure on both parties to come together and pray together and forgive each other—or forgive the one the clergyman regarded as guilty.

Research which deals only with the immediate, specific difficulty confirms the "success" of these approaches. The pressure approach will bring on a veritable orgy of repentance by the "guilty" party, elaborate and tearful forgiveness by the abused party, or a silent, resentful martyrdom. The immediate result is often, at least in the first few flare-ups, many promises and an apparent reconciliation. Many couples will go through a series of four or five of these breaks and reconciliations, each one further undermining and damaging their spiritual "love power," until finally all is ashes and cinders.

The persons from Divorcees Anonymous who have been through these experiences testify to what a clergyman should know theologically—that real repentance, forgiveness, and reconciliation cannot be bought cheaply.

Given any opportunity to talk, any one of these persons will start bringing out roots of the immediate difficulty. He may not *recognize* the implication that there has been a developing divisive process which will require time and labor to repair, but the feelings and thoughts he expresses make it very clear that such recognition lies very near the surface. Even where there is a complete blaming of the other person, there will be recognition that the problem seems somehow to have gone back quite a little time and that it was never really effectively handled.

Given just a little more time, very often a person will detect the beginnings of the present difficulty way back before marriage. Among the members of our groups only one has said that he could see no symptoms of the present catastrophe appearing before marriage. When there is tension in a marriage, a separation, or a divorce, it is but the eruption of an underlying process within the persons and within the relationship between them. We are searching, then, for a complex process of reactions and patterns and responses and loves and fears flowing like a river toward or away from a mate. A spat, a scene, a separation, a divorce is but a fleck of foam tossed up to indicate a tension, a barrier, an obstacle, in that flow.

One of the couples in Divorcees Anonymous has been divorced for three months. They have three children and find that they do not like their "freedom"—at least the wife does not, and she had wanted the divorce so that she could be "free." Both the husband and the wife want a reconciliation, but they want it to be permanent. They have attended group meetings and had individual counseling with Divorcees Anonymous for the three months since their divorce, and slowly but surely they are uncovering the process which kept them apart and are building up a reintegrating process within themselves and toward each other. They are *gradually* becoming sure and clear about a reconciliation.

More and more the members of Divorcees Anonymous are finding a "process" line of thinking to be genuinely fruitful and helpful. It gives meaning to what had been disconnected and utterly mystifying behavior. They observe how communication had been breaking down or building up rather than that all of a sudden their mates slammed out of the house or blew up. The differing ideas which each had built up concerning the roles a "husband" and "wife" should play in marriage become clear. Interest in the process which has been, or is, developing brings forth an experimental or inquiring attitude which leads to real understanding and knowledge rather than to a simple "blaming" or "confessing" attitude.

Just as the final eruption can have meaning only as the underlying process becomes clear, so this meaning becomes clear only in a continuing

process of exploration and self-discovery. It takes a series of sessions for some of the processes of one's own life to become at all meaningfully clear.

Usually couples vacillate between two expectations when they go to clergymen for help. On the one hand, they feel in the grip of a terrible emergency or crisis. They must know what to do right now! Tomorrow doesn't make any difference, all will be lost! On the other hand, they will usually give some expression to the idea that "what has been going on or building up for years isn't going to be solved in a minute." Unfortunately, all too often the clergyman has apparently felt himself so hard pressed, so much in the emergency and crisis, that he has not brought out process-thinking or the inclination to enter into the real process of reintegration or creative growth.

Members of one group who had been through the many different stages following separation tried to indicate some of the process that usually goes on inside, along with the external manifestations. They described it as follows:

A period of shock. There is a period of shock when a relationship is broken or a threat to that relationship is first discovered. Other people may feel surprised that the person is shocked at what he must have known was going on for some time. However, he has been so determined to ignore the signs because he hasn't known what to do about them that, when the "break" comes, it crashes right through his defenses. The numbness of shock obliterates his usual awareness and reason. He does things on impulse. In many ways this is the most dangerous period. Possibilities in the relationship slip away from him during the shock period. Some other people in this shock period will feel that "everything is just fine." Their immediate feelings of outrage or blaming drug a real recognition of what is happening.

In this period the person is so at a loss and so numb that he tends to be very easily led. A friend, a lawyer, a doctor, a minister may be depended on slavishly. This is especially dangerous because the most dominating and unscrupulous may hold him in their power while a more careful and concerned person who may be sincerely trying to help him find his own will may be ignored.

Another danger of this period is that it may breed a "delayed reaction." If everyone around him agrees with him and supports him, it may intensify a feeling of "righteous indignation" and not allow a full recognition that a relationship is being broken and that the situation requires the hard spiritual work of healing. A self-appraisal, with rigorous honesty, is essential in making any break "clean." Otherwise, a year—or two or three years—later "you suddenly wake up to what you have lost and how empty your righteous indignation really is."

The desire to hide, "to dig into a hole." The person seeks numbness. He wants to avoid communication. This may lead him to shutting himself

off from all people or wanting to be among them all the time in places where nothing is really said, e.g., in bars.

Cutting off communication puts him "on the merry-go-round." He starts talking inside himself, round and round, and never gets anywhere. He gets in a closed circle with himself. His thoughts rush madly in circles and won't stop. Confusion and uncertainty increase and he can't find relief. Then the sleeping pills become the big temptation.

Reactions to groups, institutions, and religion appear to change. Roman Catholics who have been going to Protestant churches will very often revert to the Catholic Church, though it is seldom permanent. Faithful church members turn against their churches, and people of no recognized faith will grope for one.

"The most helpful people through all this," report the members, "are those who quietly but consistently help you get around a little." If his friends leave him alone because they don't know what to do, he feels rejected. If they do too much, he feels pushed and resentful. But an invitation to go along in the car on some piece of business—just to go along on something the other person is already doing—is companionable but doesn't make a person feel overly obligated to be grateful.

A "victim" of a broken relationship may at this point be frightened by his queer feelings. He may be tense and nervous, but he doesn't respond the way he usually does. He doesn't know what he may do. He is rather afraid of what may come out if he talks with a counselor. If he talks much, he fears he has said too much—perhaps shown an unworthy bitterness.

Feeling begins to return. For some people this feeling of uncommunicativeness and detachment is very hard to overcome. For many, however, there is a gradual return of feeling, and this is a good sign, although it is not usually felt as such. At first the individual may feel extremely embarrassed by a tendency to cry. He can't talk with anyone for fear he will start crying. Gradually he finds that there is a little relief in crying and he does it so much that he becomes used to it. And then he may be dismayed to find that he is crying all over everybody. He gets into crying sprees. Instead of a gentle relief, crying becomes a drug that is hard and barren and excessive.

Then he begins to get a little suspicious of his crying. He begins to want to steer clear of the sympathetic friend or minister. There seems to be something subtly self-defeating in this indulgence. People who have been too "sympathetic" begin to regard him as ungrateful at this point. He almost turns against them in trying to get free.

The gyrations begin. As feeling begins to return, there occurs a crazy mad gyration from hope to despair, from restlessness to passiveness, etc. It makes life a turmoil and leads to exhaustion. The person feels a wild joy to be rid of his mate, then a raging, flaming anger against her. He is

shocked at the intensity and power of some of the bitterness and resentment and frustration that he had supposed were all past.

He is beginning to feel the tear, the cut, the damage that comes from every broken relationship, no matter how useless it seemed.

Loneliness becomes pervasive. It had seemed enough if the flaming, confusing emotions would settle down. It had seemed that caring for the children would be enough to do and that they would give sufficient companionship, at least for a while. But now the penetrating loneliness sets in.

He tries desperately to find companionship. (Most of the counselees have tried the church and it has nothing. Every one had tried to find some group life with single people in the church, but the church simply does not have opportunities for them.) Clubs, bowling, dances, etc., are tried. But, finally, the taverns seem to be the only place for the young woman to find single men and for the young men to get acquainted with women. But they don't want to go there; or, if they do go, they soon find that the men and women they meet there are not the ones they would want to marry.

Both the men and women find out how difficult dates are—what "wolves" and "golddiggers" they meet! A young woman is amazed at herself to find that her loneliness drives her into a warm thought toward a wandering husband who makes a "pass." She hates herself for such a thought because she develops such a "nice big hate for the other woman."

Maybe they thought they would have "freedom" or some better companionship. The long, hard disillusionment sets in.

Insight breaks through—there is hope! Now if he is one of the "lucky ones," or "persistent ones," or "prayerful ones," or "whatever it is," the person may get some insights into some of his troubles, and find out something about the process that has been going on within him that has led him into his difficulties. (All members except two feel that, if they could have known previously what they have learned from their discussions, they could have built up real marriages.)

What are the conditions that seem to reverse the disintegrative process and help dissolve the fears, the shock, the bitterness, and frustration, the loneliness, and turn it toward hope, lovingness, and creative growth?

A steady, consistent atmosphere of understanding and acceptance in a small group seems to be one condition that helps considerably. Moreover, a mixed group helps to dissolve the almost inevitable bitterness toward the entire opposite sex. It makes obvious the fact that members of both sexes suffer from broken relationships.

It helps to be with others who have been "through the mill," who break out with an exclamation every now and then, "Don't I know!" It is likewise helpful to have in the group people who are in the differing stages that we have described, so long as those who have achieved some insight are understanding and not condescending. Their experience gives a person "a

little feel" for the next step, where otherwise the feelings and situations would be unfamiliar.

With the background of these helpful situations, if attention has been focused on the process, at about this point—when a series of meetings have taken place, when a few insights pop out here and there, when folks are relaxing and getting interested in what really happened, when they begin to feel that there is some love and understanding in the world after all, as they have witnessed here—it is possible to see that these people begin to feel toward faith. Questions are asked. The members of the group express gratitude that "religion" has not been pressed on them, but its presence has been vaguely felt, and now they begin to wonder just what it is.

THE DIGNITY OF MAN: A CLINICAL NOTE

THE REV. R. DONALD ELLEY

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Written deep in the human heart and basic to all personal existence is the conviction that every human being is of great worth. He has dignity, he is to be respected and loved. In the experience of being accepted as he is, of knowing that he matters to somebody, a man learns a proper self-respect and a reverence for his fellows. The doctrine of the dignity of man describes something very much bound up with personal relationships. It is indeed the dignity of the individual, but it is seen, is expressed, and develops in the living experience of the person. It is a dynamic concept.[1]

From the very beginning, human experience presents many challenges to such personal growth; there are many who are defeated; none remain unscarred in this warfare. The battleground is humanity, the issues are life or not-life. From the writer's period of clinical pastoral training it appears more clearly that the great disaster which threatens an individual is rejection and isolation, the loss of a sense of worth until there is nothing of worth.

It was a remark made by a respected friend who is a theologian and psychologist which crystallized thinking along the lines of this article. In conversation regarding the strenuous nature of clinical training, and in reply to a remark that it was proving to be rather tiring emotionally, he said, "You are not losing your self-respect, are you?" This challenging question threw light not only upon the private situation, but, of more importance, upon the wider human situation and on the struggle of the many patients in the hospital. Facing deep crises, suffering from illness, they

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The author, an ordained minister in the Presbyterian Church of New Zealand, spent some time in the United States on scholarship aid from Princeton Theological Seminary and from the National Council of Churches of Christ in the U.S.A. He took one quarter of clinical pastoral training at Middletown State Hospital, Connecticut (Fall 1954) and one quarter at Episcopal General Hospital in Philadelphia (Winter 1953), the latter as part of a M.Th. program at Princeton Theological Seminary. This article contains the substance of a paper written for the supervising chaplain at Episcopal General Hospital, the Rev. Arthur Elcombe.

[1] The author is aware that the doctrine of the dignity of man leads to some very profound and difficult theological questions. He has sought to be content with a somewhat descriptive approach, without going too deeply into the theological issues involved. One could almost call this article a testimony to the experience of a pastor in clinical training, with a special emphasis on the dignity of man.

often felt the fear that they were alone and rejected, that they and their endeavor counted for nothing. There was the constant anxiety that they would lose their self-respect.

Therefore it seemed pertinent and profitable to give deeper consideration to the doctrine of the dignity of man, with particular reference to the hospital and pastoral situation. The subject will be treated under three aspects: relatedness to the world of people, to oneself and to God. The references are made to actual cases, with some adaptations which it is hoped will make for clarity.

The world which man encounters is a sinful world. Man tries to conform to its demands, its distorted picture of his destiny; but still he is threatened and condemned, he is driven toward lonely despair. There was the case of the elderly patient who felt that people had all passed him by on the other side and condemned him. He had tried many times to find the deepest thrill of living in worldly terms. Gambling brought excitement, but was not the answer. It was centered in himself; he took from others at the risk of losing to them. Drink provided an opportunity for escape. It also brought self-punishment for failure, and a loss in social status. Sexual promiscuity brought a feeling of meaninglessness; but on and on he went. The world had taught him to use people. He used them, and now the world had no use for him. Men condemned him, he despised himself, even God must shun him, it seemed. In the chaplain he saw someone who did not pass by on the other side. This was strange to him. Yet, though he was alarmed, he began to have hope. The new friendship had a growing significance for him. He wanted to be a Christian, to have assurance that he mattered, that somebody cared and was willing to be with him. This led him to talk about and confess the sins for which he was cast out by the world, the sins for which the world doubly rejected him. He had withdrawn from personal contact; he had hatred for the society which had mocked him. Now he found new strength in the fact that in the chaplain he had found someone who, however imperfectly, was trying to love him for himself.

This man was not only at war with the world, a war which now meant continual withdrawal, he was in bitter conflict with himself. He saw his situation in terms of how he had lived. He could not accept the past, it had no foundation of meaning for him. There was no hope for the future. Hope springs out of the present and its significance. If the past has brought present despair and meaninglessness, what ground was there for hope? The past was blank. He hated to think of it. Alone in the hospital ward, he was dejected. He could not be with the world; it would not be with him. This drove him to an ever deeper feeling of rejection and isolation, from society, from himself, and from God. He found himself unacceptable and unaccepted.

This struggle over acceptance and self-acceptance was very clearly shown in the case of another patient. This elderly lady of fine character

was evidently very upset when the chaplain spoke to her after ward devotions one morning. She had found this geriatric ward a very strange place, but had done her best to accommodate herself in her declining years to these new surroundings. There had recently been several unpleasant scenes with an adjacent patient. These emotional episodes had been difficult in themselves, but something deeper was troubling the old lady. She found herself just hating her neighbor and felt that she could not be a Christian with such feelings in her heart. She could not accept the fact that she was human and would, like any other, experience hatred in herself. She felt that God would not love her. Since she had been taught to conceal and suppress all such unacceptable feelings, she wanted to reject this part of her personality. The answer was found as she began to talk quietly about her faith. She learned again that God accepted her just as she was. She could not be better; she simply faced this aspect of herself and knew more of the divine compassion and peace. She was able to come to this more readily than the man mentioned above because she had a deep faith to work on, which saved her from self-rejection.

It would seem, then, that it is not only the world which depersonalizes and rejects the struggling soul as a failure, to make lonely men and women. Man does this to himself. In fact it is difficult to separate the two aspects, since we become part of all whom we have known, as they become a part of us. Man learns from the world, as it were, to reject himself. He despises his true destiny; then, with his back turned on God and on what He intended him to be, he is still afraid. He fears that which he has become. Confronted by the image of his own personality, he flees in anxious dread. A man isolated in society spoke of his feeling toward his father. It was strongly ambivalent. Although he had an attitude of strong hostility toward his parent and in private had had many quarrels with him, before society he tried to show a proper respect. He considered that one ought to show respect to one's father. Because of his continued reaction against his confused feelings, he found it very difficult to know what his feelings really were. The situation was complicated in no small measure by his strong sense of guilt. It appeared to him in talking about the meaning of his inner struggle that there was a difference between what his words described and his true awareness of his condition. There was, he found, a barrier of negative anxiety as he attempted to accept himself. He rejected what he was. He did not want to be like this; but he was like this. The world condemned him, he condemned himself. He hated society for condemning him; he hated himself for being as he was.

This brings us to the third aspect of our consideration of human dignity and relationship, the fellowship, or lack of it, between God and man. A person may work through his feelings with regard to himself and the world, those feelings which drive him into retreat. He may deal with his guilt and fear in this respect; but underneath this defensive personality structure, though involved in it, is a basic sense of shame. This is the shame man knows through having turned his back on God and His destiny.

Here we come to the Atonement—or, rather, God brings us to the Atonement. For the experience of man, be it ever so negative, is not necessarily without meaning. The living God is seeking through all our days to bring us to face Himself. To accept the judgment and condemnation of the world alone is death. To see, working through these, the judgment of God to bring us to Himself is life.

The elderly man referred to in the first illustration had talked a great deal about the sins he had committed and concerning which he had much shame. The chaplain suggested that he confess these sins and accept forgiveness. This he endeavored to do, but at the end he said, "I have already talked about these sins. They are not my sin, my sin is something different." In was not easy for him to express what he wanted to say next. After a few sentences, he said, "I have lived without God." After this very significant statement he found some release. He still wanted assurance of forgiveness, but could not grasp it. To the chaplain it seemed wise to talk with him about the Lord Who is the Good Shepherd, He Who in Christ has come to seek and to save the lost. His working through this conversation was no doubt largely responsible for a subsequent vivid dream which showed the direction of his striving. In his dream he was in a very lonely place, a dark desert. Then he knew somebody else was near him. In the darkness he saw the figure of Jesus, but He was on the other side of a very dense thicket. No matter how hard the man tried, he was not able to get through. When he related this dream to the chaplain, the chaplain suggested that he stop trying to struggle through to God, as the dream experience evidently indicated he was doing. Instead, it was suggested, he would find peace and assurance as he accepted the fact that, despite all he had done and all that had happened to him, God had come through to him and would always remain in compassion and forgiveness. This did not become immediately real to the patient, but when the chaplain saw him some days later he had found the peace of God. So a man is brought past the judgment and condemnation of the world to accept the judgment and succor of the Almighty.

Though man can never take God for granted, God does not desert him. A man may live for years without accepting the answer of God—there may even be deep resentment against Him (and this was found in the clinical experience)—but the Lord is faithful and most long-suffering. He waits for man to come to repentance; in fact He brings him to repentance. He waits for a witness to reveal Himself to the troubled soul, to bring His answer. Man, unacceptable to the world and to himself, feels also, and rightly so, that he is not acceptable before God. God's answer? He has acted and is acting. He has taken the shame upon Himself in humanity, on the Cross. He ever seeks to bring to judgment, that there might be repentance, forgiveness, and new life. He is come to seek and to save that which was lost.

The question arose repeatedly in visiting with patients, "Where is God in all this?" The answer became increasingly apparent. He is at

the point of deepest sin and wretchedness in every life, waiting to make Himself known, waiting for a witness that He might break through the hell of isolation in this world. So a person may know life, he may awake from the bad dream in which he is all alone, in which he is fighting desperately to get through to the light to see the face of God, or else helpless, numbed with despair. In the fiery trials of this life, a man or woman can walk in the faith that in this furnace of affliction which threatens to destroy both body and soul, there walks Another Who is like the Son of God, Who is the Son of God. This is Jesus Christ, born for our sake and our redemption, that we may walk with dignity and courage, of infinite worth to God, that we may love the Lord our God and our neighbor as ourselves. These three relationships cannot be fully known or considered apart from one another. That which brings release and strength to live is the relationship God establishes through His Son.

The Christian, the pastor, need not lose his self-respect, though it will be threatened again and again. For, though he knows that he must come to judgment with those whom he meets, he also knows the continuing grace of God. He bears witness to a reconciliation which is an ever widening and deepening reality to him personally. So he finds that the love of Christ compels him to be a minister of reconciliation. Anxieties which threaten growth in self-understanding and sharing are overcome. All the experiences of life become more meaningful, even that last life-experience, which is death. For always there is the symbol of the victory and love of God, the empty Cross; always there is the living Word and that community of sometimes two or three, which is the fellowship of the Holy Spirit. He is man, in relationship. He is kept with his fellow in love, and, as they look together in the same direction to see the face of Jesus, they know that they are men. This is their true dignity, as children of God.

HOW HEINROTH (1773-1843) DIVIDED THE TASK OF THE CLERGYMAN AND THE PSYCHIATRIST

DR. ERNEST HARMS

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The students of the history of psychiatry have always considered Johann C. A. Heinroth (1773-1843) the first great academic teacher of psychiatry in middle Europe. However, Heinroth was not only one of the greatest psychiatrists of all times, he was also one of the greatest teachers of the Humanities in his time. As a young man, besides his medical studies, for two years he was enrolled as a student of theology. Later in life, he taught philosophy and anthropology in the school of arts and sciences in addition to his duties as the head of the psychiatric division of the medical school of his university. He not only wrote two famous textbooks on psychiatry, but he also wrote a textbook of biology, one of the best, early textbooks on anthropology, a psychology which he called *Psychologie als Selbsterkenntnislehre* (psychology of the science of self-knowledge), an epistomology which he called *About the Truth* and several works on criminology among which his book *The Lie* is considered the first attempt in criminal psychology. One of his most remarkable writings, however, has remained unnoticed by his biographers. As a young scholar, he was requested by the publisher of Danz's *Allgemeine Medizinische Zeichenlehre,* the name for "Medical Symptomatology," to prepare a new edition, which came out in 1812. The original book contained very little relating to psychiatry, and Heinroth, therefore, decided to include at the end a 110-page section on "Psychische Semiotik," or, in our language, a psychopathology. This completely unknown study proves to be the first dynamic psychiatry ever attempted. Since Heinroth felt it so important to study theology in order to clarify in his mind the role of both fields, he felt it equally important to begin his treatise with an attempt to set up a clear and definite boundary between the two fields, a boundary which today is not only still unclear but whose lack of clarity is the underlying cause for a disagreeable and seemingly unending struggle.

In Heinroth's mind this problem was not too difficult to solve. And if we today could follow his psychological concept or accept it as ours, we would have an easy task from now on. Unfortunately, Heinroth's concepts, strongly influenced by German objective idealism will appeal to only a few of the present-day workers in this field. However, his technique for solving the problem is so amazing that even an opponent of his basic psychological point of view should enjoy the brilliancy of his presentation.

For some, his argument may induce reflection and offer seeds for constructive thinking along these lines. For others, Heinroth's presentation may seem repetitious. But as one becomes familiar with the precision of his mind it will be realized that he had to think through this problem from all directions. It cannot but be interesting to follow such a brilliant mind as it works through such a basic problem. We offer here the entire first chapter of Heinroth's treatise in a translation which we have tried to keep as close as possible to the original manner of expression:

"We do not need any excuse for the purpose of the diagnosis of psychic diseases to start with a consideration of psychic health because it seems to be generally understood that one must be familiar with the very nature of an object if one wants to determine its special reactions and the conditions which could disrupt or even destroy it. Only if one knows the character of health can one determine the nature of sickness. When the medical doctor tries to determine what psychic health is he is apt to have a collision which he can avoid only if he strictly observes the boundaries of his field of science. Since that which we must consider the basis of all psychic life, 'Freedom,' is an object of metaphysical and moral philosophy, the searching medical doctor could easily be misguided and in his activity trespass into these foreign regions in order to explore and determine completely the very nature of psychic health. However, this should not be permitted to the medical doctor whose field is that of the phenomena of nature if the scientific order and the division of practical activity is not to be badly disturbed. But how can the medical doctor avoid becoming entangled and losing himself in the field attributed to the metaphysician or the moral philosopher or even with that of the clergyman? He must strictly separate the two sides of psychic life. He must leave its moral sphere to those workers who deal with the soul insofar as its health is a degree of ethical quality and for which only moral failures are psychic illnesses, and he must strictly adhere to the natural aspect of the psychic nature of man, the integrity of which means psychic health since integrity of the organic nature is identical with the concept of health. As a moral entity the psyche is outside, as a natural entity it is within the medical doctor's sphere of work. This, however, does not mean that we deny to the psyche, if it is viewed as a natural entity, the ability of reason and freedom, both belong to the very disposition of man's nature. But the *application* of this freedom in the ability to reason, this specific attitude of man, is where we separate the moral capacity from the natural being of man, and it is in this alone that we see the task of the medical doctor. The medical doctor in no way oversteps his task if he tries to regain for a person *who has lost* the ability for proper reasoning and for freedom, these basic conditions of human existence. Only a man re-equipped with reason and freedom by the medical doctor's assistance can be made an object for training in the realm of reason. Where such training starts is the boundary for the scientific and practical activity of the medical doctor. With this I hope I have eliminated some of the

border clashes between the medical doctor and the moral educator and I have pointed out for both the realm for their activity.

"However, let us pursue in more detail the definition of the concept of psychic health. I hope many may understand by now that this concept means something quite different to the natural philosopher than to the theologian. But up to now we have only defined the meaning of the medical concept. Integrity of the natural psychic disposition, we said, constitutes psychic health, which is the objective of the medical doctor. What this natural disposition consists of is generally known. Who does not know that every human being who does not deviate from the normal disposition has a wanting heart, a cognitive mind which—if completely developed—documents itself as reason, and finally a will, the basis of which is freedom, which means self-determination. These are our psychic capabilities collected in one consciousness or in the personality with an 'I' (*Ich*) as the focal point. It is equally not difficult to show of what this integrity of the natural disposition of man consists because our self-observation, the feeling and the consciousness of ourselves, offers us enough material for this. We are all born with a susceptibility for joy and pain, with a heart capable of love and pain. In anyone in whom this susceptibility is vitally real, such a person has the natural integrity of the soul. We are, with our present viewpoint, not concerned with the actual culture of the soul because this is the domain of the educator of the psyche for whom the soul is only healthy if it is pure, refined from low desires and free from egotism. The medical doctor's problem is only whether the psychic energy is there and not whether it is educated. Only if it should be strained by disease or exhausted by over-tension or heavy pressure, is it apt to be placed under medical care and it may be released from this again as soon as it has regained its natural strength. After the demented has found himself again and the melancholic has again found the world by medical aid, both are sane again from the point of view of the medical doctor because they have recovered the natural capabilities of man. Meanwhile, in the eyes of the moral educator, because of the lack of moral culture they still have to be considered neglected and sick beings who need long education and purification until they can also be considered psychologically recovered from his viewpoint. In this way, the medical doctor always works into the hand of the moral educator and his task is completed where the task of the other starts.

"As it is with the emotions, so it is with the other psychic capacities of man. The human mind possesses natural integrity or it is psychologically sane from the point of view of the medical doctor if it is able to perceive and judge. Whether it is, in addition to this, subjected to illusions and errors due to overhaste in judgment or the lack of training is not the business of the medical doctor who should only be concerned with the satisfactory condition of the amount of psychic energy. However, if a person's abilities of perception and judgment have dangerously diminished or are completely disintegrated, it will be the doctor's task to take care of him

until his natural energy of thinking is restored, but the medical task goes only to this point. The same is valid for the will. A man who can direct himself, who can make decisions and execute them, independent of the fact that it is in complete accord with reason or not, must from the point of view of the medical doctor be considered healthy. (Nevertheless, such a person can be considered sick from the other point of view.) As emphasized above: will is nothing more than the capacity for self-determination. Only if a person has lost this capacity, if he is either swept away by uncontrollable instincts or is driven by outside provocations, unable to resist blind actions, then his will is no longer to be considered healthy from the aspect of the medical doctor. His business is now to restrain such uncontrolled actions—which because of this character can no longer be considered directed by the will—or to awaken new energy or to strengthen the weakened energy unable to resist. The first is the case of the restless insane, the second is the introvert or the imbecile. But the task of the medical doctor does not go further than this revitalization of the source of independence of the will. Meanwhile the training of the will to the subordination of reason is the task of the moral educator. With emotions, mind and will knitted together into one consciousness and one 'I,' the psychic nature is complete. And the sensitivity of the emotions, a vivid mind and an energetic will, these are the three components of psychic health which the medical doctor can bestow on them. The character of this psychic health is the free relationship of these psychic forces among themselves in a lively consciousness or, in other words, freedom of the entire psychic life with its inner independence, which means the capacity of self-determination. However, the moral educator is not yet satisfied with this. He wishes the natural, free psychic life refined to a morally free condition, he wants the emotions religiously tuned, the mind devoted to truth, free from illusions, confusion and error, and the will directed only toward the good and venerable, rejecting all bad and evil impulses. Only after man achieves such a state is he psychically sane for the moral educator, in all other states he is not-sane because any uncultivated state is sickness to him. If our energies do not have the right direction, it will cause repercussions which must unbalance the true psychic life, the life guided by spiritual impulses, and such disturbance must lead to destruction.

"This entire moral point of view with all its various angles must be strange to the medical doctor. And if the moral educator says only a person whose emotions, thoughts and actions correspond completely with the laws of reason, in other words, only the completely moral and godly man is psychically sound, so the medical man replies that for him psychic health exists in everyone in whom the needed psychic forces are properly developed and in whom free and self-determined use is not disturbed for a long duration. Disturbances for longer durations caused by passing states of sicknesses like typhoid fever, drunkenness and intoxication do not belong to this kind because they are only temporary interruptions of man's freedom."

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EDITORIAL

Evangelism and the Church

The article on evangelism, appearing in this issue of the *Journal,* is to be welcomed as one of the few significant factual studies yet available about a baffling, yet obviously important church activity. Everyone, from bishops to laymen, is "for" evangelism. Even a dim memory of the New Testament Gospel or of the apostolic era of the Church emphasizes the fact that Christianity is a missionary religion or it is not authentic Christianity at all. Nor is it exactly news to a church member that "missions" and "evangelism" are synonymous terms, or ought to be. Yet, by way of paradox, support of the missionary cause is, of the two, more easily dealt with, despite the fact that it is costly and asks for sacrificial giving. The support is relatively easy precisely because a check or a few dollar bills take care of it and conscience can be at ease. Evangelism is a different story. The very word still connotes something nearer home. For the member of a church, it might mean the sacrifice of time to attend evangelistic meetings, to be personally confronted with embarrassing questions as to his own conversion and, climactically, to become a "missionary," himself, to his next door neighbor.

If the individual church member is embarrassed by talk of evangelism, the churches as "churches" are embarrassed also. The preparatory literature on evangelism which was presented to the Second Assembly of the World Council of Churches placed the blame for ineffective evangelism largely on the Church itself. The phrase, "the introverted church," is used freely by those who try to trace ineffective evangelism to its ultimate source.

Even diagnosis of ailments, however, can be introverted self-examination. What is needed alongside theological revival of evangelizing motivation and conversion of the churches themselves is evaluation of current

methods of evangelism, whatever be their anchorage in conviction or faith. The article in this issue is in the service of this "scientific" endeavor. Its first-hand report on the "Billy Graham phenomenon" (a startling re-emergence of mass evangelism often thought to have been outgrown) is particularly valuable. Whatever else this harvest of observations yields by way of wisdom for the pastor interested in his vocation as evangelist, it confirms the conviction voiced previously as arising on the ecumenical scene, that the Church herself, the fellowship of believers, remains at the center of the evangelizing task. The test of any method of evangelism or of the experience (event or process) which can be registered as psychological result, must still be whether the convert finds his way into the ongoing life of the Church. The test may symbolize a two-way judgment—a judgment on a worldly class-centered and snobbish church (the "bourgeois ghetto," as it has been called), and also on evangelizing methods which may do little more than to arouse a passing emotional response.

THEODORE O. WEDEL

Editorial Board Changes

We announce with regret that the Rev. Jervis S. Zimmerman has found that the increasing demands on his time as a parish minister have made it necessary that he withdraw from our Editorial Board. Though Mr. Zimmerman has been with us for a relatively short time, his interest in the *Journal* and his desire to promote the concerns of clinical and pastoral insights have richly rewarded our relationships. We wish him well as he continues his ministry as a parish priest.

With this issue of the *Journal* we welcome to the editorial staff Dr. Wayne E. Oates, Professor of Psychology of Religion and Pastoral Care at the Southern Baptist Theological Seminary. Dr. Oates has already made a distinguished contribution to the field of clinical pastoral education. He is the author of several books: *The Pastor; The Bible in Pastoral Care; Religious Factors in Mental Illness;* and, recently, *Anxiety in Christian Experience.*

The program of study developed under his guidance at the Southern Baptist Theological Seminary has commanded the attention and interest of many concerned with the clinical emphasis in theological education. It is with great satisfaction and the anticipation of a long association of mutual interests that we welcome Dr. Oates to membership on our Editorial Board.

E.E.B.

COMMUNICATION

Report of a Conference on Premarital and Marital Counseling

Recently we were participants in a new type of counseling conference.* This conference included an equal representation of physicians and clergymen from teaching institutions embracing all faiths. A total of twenty were in attendance.

The reason these men met was to determine how an improved working relationship between physicians and clergy might be obtained. Also, we wanted to explore ways and means by which the professions might improve the teaching programs in premarital and marital counseling. Finally, we hoped to learn from each other new techniques and to share experiences that we might personally use in our counseling work.

We were all motivated during this conference by recalling our own inadequacies when we first entered the practice of medicine or the service of the ministry. Therefore, we realized that we should try to equip the young professional with as many tools as possible to meet some of the everyday problems in his practice or service.

Since the group was small, no formal papers were presented. A moderator was appointed to prevent deviation from the general topics. For clarity, the conference was divided into three sections: Premarital Counseling, Marital Counseling, and Consideration of Teaching Procedures in Marital Counseling.

Today, the significance of premarital counseling is evidenced by the appearance of numerous reports in professional and lay publications. Some changes in popular attitudes have increased the need for such counseling. Modern mothers are not as reluctant as were their mothers to discuss personal problems with their daughters prior to the daughters' marriages. More people desire a marriage ceremony performed in a church. Prior to these ceremonies the clergyman has an opportunity to visit and counsel the couple. By law, many states require a premarital blood test before a marriage license may be obtained. Thus, more people seeking marital union are visiting the offices of the physician.

During these premarital visits, what can be accomplished? The element of time enters here. Most people at the premarital visit do seek some counsel, and all of the participants agree that both physician and minister should take the time to offer counsel. Numerous physicians and clergymen have established a working relationship through referral, so that couples obtain insight into the social, economic, and physical aspects of marriage. Neither the physician nor the minister should be confined to his strict professional role in the counseling conference. The establishment of good rapport with the individuals is essential. They then may be reached easier and sooner, and be more receptive to the counseling offered.

* At Marblehead, Massachusetts, May 6-7, 1955.

Premarital counseling does not imply the treatment of abnormalities, mental or physical, but it includes referral of individuals for proper diagnosis and care. In our discussions we were considering the "normal" couple. There was general agreement at the premarital visits that patients were looking for correct guidance, almost regardless of background teaching or previous experience. The correction of sexual beliefs or misbeliefs was deemed essential since, as one participant put it, "Coitus is one of the major elements of a happy marriage." At the premarital level usually the physicians and ministers see both parties. This is not so at the marital level. Most often the physician sees the female first. Why? Women swallow their pride more readily than does the male. Moreover, marital discord usually produces some somatic complaint (upset stomach, insomnia, backache, etc.) which brings her to the clinician. The significance of these complaints is not easy to appreciate. If the patient is found physically sound, often the clinician prescribes some palliative therapy, but usually without benefit. At such a time it is essential that the person be treated as a whole. Careful inquiry will help reveal the true cause of the complaint, marital conflict. Most of the problems leading to marital conflict stem from poor preparation for marriage.

All agreed that at the marital counseling level insight into family problems could best be obtained when both husband and wife were seen, so that both sides of the conflict might be discussed. Separate as well as joint counseling was recommended. However, should counseling be limited to only one marriage partner, the best should be made of the opportunity. In dealing with these distraught individuals, the purist attitute should not be resorted to. Although the physician is involved first in these conflicts, he should not overlook the minister's role in this form of counseling. By shared counseling, the physician and minister can help these people to resolve their problems and sense the total aspect of the helping hand of both the medical profession and the ministry.

Appreciating the fact that areas exist in which both physicians and ministers may help people, how can the relationships between these two professions be improved so that the efforts of both are most effective? Joint participation was the answer. Some schools of theology have teaching programs designed to assist the young minister in the areas of premarital and marital counseling. These young men work in the hospitals in close association with the medical profession. In addition, there are formal courses designed to give an understanding of the physical, as well as the spiritual, aspects of marriage. On the other hand, medical schools do not generally have a teaching program in these fields. Usually the young physician has received such instruction from interested individual instructors. Sooner or later the young clergyman and the young physician meet, be it at a birth, during a serious illness, or at a death. As their professional lives go on, their services overlap more often. As teachers, we all believe we should help close the gaps in our interprofessional relationships and point out the way of working together. What better way to do it than in working together in assisting a couple to be wed, plan a family, and take their place in a community!

What about those of us already established in our practice or service? Past experiences have dictated our adequacies. Because of the nature of our professions, the quest for knowledge, personal or professional, continues. Surely the physician and the clergyman can approach each other and talk

over these counseling problems as we have done, be it a large or small community. Those in practice or service might do well to consider such an informal meeting as we have held.

As stated earlier, individuals seeking premarital and marital counseling should receive counsel embracing their economic, social, and physical aspects of marriage. The physical aspects should not be overemphasized, but neither should they be minimized through our ignorance. Accurate information on family planning is essential for the physical, mental, and spiritual growth of us all.

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BOOK REVIEWS AND NOTICES

Edited by The Rev. Rollin J. Fairbanks

The Mental Hospital: Alfred H. Stanton, M.D., and Morris S. Schwartz; Basic Books, New York, 1954. 492 pp. $7.50.

As Dr. Dexter Bullard states in his Foreword, this book "is a serious inquiry into the social setting in which hospital administration occurs, and it concerns itself primarily with the frequently unrecognized forces which influence patient and staff behavior." It should be added that this "socio-psychiatric study of a ward in a psychiatric hospital" took three years and was done by two people uniquely competent in their field. One also needs to be reminded that the hospital studied is a small (about 80 beds) privately owned institution which has become internationally known for its intensive psychotherapeutic orientation. It was in this setting that Dr. Frieda Fromm-Reichmann did her epochal work and demonstrated the possibilities not only of establishing a transference relationship with schizophrenics, but the attainment of recovery for these patients.

The book merits serious study and is not easy reading nor by any means uniform in the effectiveness of its contribution. Nevertheless it offers valuable leads for one concerned about work with people. Though its primary focus centers in what happened in a mental hospital, there are innumerable helpful clues in aiding us to understand what takes place in living together.

Two chapters were of unusual significance to this reviewer. In the one dealing with "Communication: The Transmission of Information and Misinformation," it was possible to see more clearly something of the ways in which one could handle more efficiently this extraordinarily complex medium of human relations. Those of us who are concerned about making known our ideas in ways which would leave our hearers free to accept or reject what we have to offer will find much here to clarify some of the areas in which we have difficulty.

Another very enlightening chapter, "Pathological Excitement and Hidden Staff Disagreement," points up vividly the awareness of the multiple factors influencing our decisions and actions when we are least aware of them. Inability to communicate disagreement to another with whom we must work professionally can and does interfere with the relationship. Here, however, we have a frank facing of the meaning of such disagreement in terms of its actual effect on the people we are seeking to help; and also of the ways such impasses are resolved.

Many sections could be singled out for their illuminating quality. There is one which this reviewer cannot refrain from mentioning specifically: This concerns the sensitive delineation found on pages 169-170 of what it means to be a mental patient. This brief statement illustrates well not only the understanding by the authors of the tortured loneliness of the mentally ill patient, but also their deep concern about the many and varied problems still

so little understood in our dealing with the mentally ill. To read this volume is not only to be stimulated to think through some of these concerns; it is to be challenged to address oneself more diligently to achieve greater understanding of such complex problems in human living.

ERNEST E. BRUDER

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You Can Be Healed: Clifton E. Kew and Clinton J. Kew; Prentice-Hall, New York, 1953. 186 pp. $2.95.

Some years ago Richard Niebuhr wrote an emphatic article on the rising utilitarian religion. He pointed out that although repentance bears social fruits "repentance practiced for the sake of such fruits is a bad kind of magic." Magic or not, this is a book on the practical results of religion. It seems to belong in a world of the supermarket, mass production and "dime store" novelty. From the beginning to the end the "wares" of the household of faith are attractively displayed. In the introduction we are assured "a new grip" if we read "every word" and "practice its teachings." Throughout its pages we encounter the oft-repeated claim that religion and psychology are partners in removing infantile fears and conflicts, in "sublimating" and "channelling" man's irrational drives. The authors say little about man's sin beyond his irrational drives, very little that would account for tragedy, and hardly anything of the judgment of God. Thus Job and St. Paul are not much help here. But let victory over inhibition, ambivalence, and distortion be untrammeled!

Once past the first chapter the reader will find rewarding accounts of group therapy in a Church setting. And it is this reviewer's judgment that the authors are more competent in therapy than they are in facing and resolving the problems between theology and psychology. Their use of therapy groups as the "new family" sounds convincing. Although the accounts are fragmentary and uncritical, especially where the therapist is tempted to accept the God-like role thrust upon him, it is nevertheless clear that many people are getting valid help in these clinics and that a natural and spontaneous resource of the Church has been put to work which needs further use.

Why has the Church neglected group therapy? Perhaps the Kews will write another book in which the dynamics of groups at work and the role of leadership in this particular setting will be explored. Surely an aroused interest in this way of communicating the good news of freedom in Christ is needed. And speaking of freedom one looks in vain in these chapters for an awareness of the danger of group pressure. Could this have anything to do with the shallow perspective in theology of a blindness to the dangers of conformity?

The authors are incorrect, it seems to this reviewer, in stating that the New Testament knew nothing of the word "dynamics." "The Kingdom of God is not in word, but in power" (*dynamei*) (I. Cor. 4:20). They are, however, right in claiming that the New Testament did not bid man to adjust the dynamics of his life! But when they say that in prayer man throws himself before God, the "magnificent, parental figure," this reviewer loses all heart for praying. Doesn't God get a little tired of such efforts to make a category of Him?

In the course of a dozen chapters which deal mostly with group therapy and counseling the authors manage to get in many good blows for mental hygiene. Lest this reviewer be accused of negative reporting there is a psychologism which admittedly has strong appeal: "Psychoanalysis is a reflection of prayer." Wherever it is genuine and health producing, and wherever it is honest, such is bound to be true. The meaning of resistance, reflection, infantilism, and transference are skillfully woven into the stories of the healing process.

The authors have an effective formula for dealing with fear. Spelling the word out, you have: *F* is for finding out what it is; *E* is to examine it, *A* is to act on your discovery; *R* is to resolve to overcome it. You *can* be healed.

CHARLES R. STINNETTE, JR.

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Christianity and Fear; a Study in History and in the Psychology and Hygiene of Religion: Oscar Pfister; translated by W. H. Johnston; Allen and Unwin, London, 1948. 589 pp. $4.50.

Oscar Pfister was one of the earliest to face the challenge and opportunity which psychoanalysis presented to the Christian ministry. In a long series of publications he has explored the implications of psychoanalysis for pastoral care, for education, and for understanding the history and meaning of religion. *Christianity and Fear* is based on more than three decades of work and Pfister presents it as his "scientific testament." It offers a general theory of anxiety, love, and religion as a basis for an extended survey of the development of Christianity from Old Testament beginnings to present times. The data and language of traditional religious scholarship are intermingled with orthodox Freudian analysis to produce a curiously flavored work.

The principal theme is the relation of religious doctrine and practice to anxiety. (The use of "fear" as a translation of *"Angst"* in the title and throughout the volume is most unfortunate; it is a hindrance and an annoyance to anyone familiar with the psychoanalytic literature and a dubious boon to the neophyte.) Pfister handles this theme with a psychological conservatism that contrasts with the forthright boldness of some of his religious conclusions. He stays very close to the classical Freudian notions which make dogma and ritual compulsive reactions to anxiety; social elements enter the analysis only through Freud's ideas on crowd psychology. Those who are seeking basic, new ideas in the psychoanalytic theory of religion will not find them here. To a generation that has read Fromm and Kardiner, Pfister sounds very old fashioned.

In the main body of this volume, Pfister presents the doctrine (and in some respects the religious practice) of each major development in the Judeo-Christian heritage, with particular attention to the way it promises to alleviate anxiety. Two broad means of alleviation are distinguished — the analytic and the synthetic. In the synthetic method, anxieties are assuaged by imposing fixed dogmas and rituals; only in the analytic method is there a probing to the root of anxiety and its release by love. Only twice in Western religious history has this analytic result been fully attained: in the teaching of Jesus and in the religious side of the Enlightenment.

The conclusion of Pfister's analysis is to make a Christianity with a minimum of explicit dogma and ritual the ideal means for lifting men above anxiety. But he recognizes that history suggests doubts about the strength and viability of such a religion.

The gleanings of a scholarly lifetime are assembled in this stout volume. This reviewer knows of no similarly extended effort to view the Western religious heritage from a psychoanalytic standpoint. While Pfister is not often as lucid and penetrating as one might hope, he merits gratitude and respect for his forthright attack on one of the central intellectual problems of a religious outlook in the twentieth century.

JACQUELINE Y. SUTTON

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The Sane Society: Erich Fromm; Rinehart, New York, 1955. 370 pp. $5.00.

The intrinsic value of this book lies in its startling warning to this mid-twentieth century. We humans stand at the edge of a precipice. Humanity's suicide through atomic warfare is not more threatening than the ever-increasing alienation of man from himself, from his brothers, from life itself. Such unconscious alienation is the essence of insanity, in which false idols are compulsively worshipped, in which man yields his integrity, his freedom to function independently as a maturing individual, and submits to robotization at the hands of the very forces which he has created. Whether under capitalism or communism, man is in the process of losing his identity and is becoming the slave of conformity — a conformity in which he allows himself to be manipulated as a "thing" by those in power over him.

Dr. Fromm's fateful message has the dramatic ring of truth and the simplicity of expression which characterizes the prophets of the Old Testament. The closing words of this compelling book — "I put before you life and death, blessing and curse, and you chose life" — may be transposed into St. Paul's words to the Romans: "And be not conformed to this world; but be ye transformed by the renewing of your mind, that ye may prove what is that good, and acceptable, and perfect, will of God." This transformation of mind and spirit and behavior is urged most poignantly by Dr. Fromm and in detailed suggestions.

The Sane Society is eminently readable, provocative, and, curiously enough, encouraging. One feels, in reading it, that it is possible to rescue oneself and one's brothers from the slow and subtle process of alienation, of the threatened insanity of the human race. The urgency of Dr. Fromm's warning should be immediately accepted and developed by educators, economists, workers in all spheres of human relations, by industrialists, politicians, by those concerned with propaganda and communication, by psychiatrists and by parents, and not least by the Christian Church. This book is of universal appeal.

IZETTE DE FOREST

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The Altar Fire: Olive Wyon; Westminster Press, Philadelphia, 1954. 127 pp. $2.00.

This is an excellent book, written by one of the great women of the contemporary Church. Her "reflections" reveal not only her own personality but

a solid knowledge of exegesis, liturgics, and the devotional life through centuries and across denominational lines. And all this has been molded together into a deep spiritual experience. The book is a product of the sacramental life enriched by the encounter of different traditions. The Eastern Orthodox culture has inspired her own Presbyterian heritage, a blend not unknown to those who have had ecumenical experience or who are familiar with the wonderful, new liturgy of the Church of South India. The stamp of Evelyn Underhill and Thomas A. Kempis is distinct. The tendency is to counterbalance some of the obvious weaknesses of Protestant sacramental life. This is done primarily by stressing Holy Communion as an act of fellowship and not only of individual devotion with its search for feelings. The same aim is achieved by stressing God's activity in the sacrament. There are no attempts to get around the difficulties. What is said about the sacrificial aspect of the eucharist is bold and grand in its honesty and depth. "Until He Comes" is another chapter which is rich because of its courageous encounter with difficult doctrines.

The book serves at least two different purposes: It is a revealing and rewarding guide into the sacramental life; and it will also serve as a devotional manual. It can be recommended to those who have some doubts about the possibility of ecumenicity as an enriching force in the life of the Church. In that context it is more than an argument. It is a revelation and a fact.

KRISTER STENDAHL

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Evangelism, Christ's Imperative Commission: Ronald Q. Leavell; Broadman Press, Nashville, Tennessee, 1951. 234 pp. $3.00.

This is another "how to do it" book written at the level of the craftsman. The author is President and Professor of Evangelism of the New Orleans Baptist Theological Seminary. He has an unquestioned zeal for the propagation of the Christian faith (as he would define it), and he has succeeded in packing a great deal of material within the covers of the book. His effort to include the Biblical rootage, historical development, and present-day efforts of the primary task of the Church tends to make the work more of a long outline rather than a comprehensive treatise on any phase of evangelism.

Manipulative techniques are dominant among the author's suggestions, with little apparent understanding of the advances made in the fields of personality and interpersonal relations, e.g., "The ultimate psychological basis of conversion is neither in the intellect nor in the emotion, nor in the two combined. The ultimate basis of conversion is the will." This is difficult to understand both in the light of depth psychology and in the light of many of the great Baptist theologians who stand primarily in the Calvinistic tradition.

Although one must respect the author for his zeal, yet this reviewer is disturbed by what appears to be an almost naive approach to the question of evangelism in the light of the modern world view. For example, among the reasons for always carrying a New Testament is that it will prevent argument. "If the soul-winner allows himself to be drawn into argument, the battle is certain to be lost. 'Thus saith the Lord,' written in the Bible, does not allow further room for argument." This must mean either that the unconverted will so respect a text from scripture that he will have nothing

further to say (which would appear most unlikely), or else that the user of the text will so coerce the person approached in an authoritarian way with the courage of one who carries The Book, that a reply would not be forthcoming, which would be unfortunate.

THOMAS H. MCDILL

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Helping Your Child's Emotional Growth: Anna W. M. Wolf and Suzanne Szasz; Doubleday, Garden City, New York, 1954. 305 pp. $5.00.

This book should be in the hands of every parent of growing children and on the shelf of every parish library and read by every religious leader. This recommendation is the result of having re-read the book several times and having had considerable time to reflect on its true worth.

"Seeing is believing," and this book really must be examined personally in order to appreciate its unique value. In fact it justifies a trip to the book store for this reason alone. Once it has been seen, one will wish to own it and to loan it judiciously.

The presentation is made through photographs and prose, and the two mediums tie with each other for superior quality. The scope is broad — from birth to the first grade. Toilet training, discipline, fear, fights, eating, the baby-sitter, hospitals, jealousy, shyness, grandparents, and attending church — all these and many other experiences are dealt with realistically, helpfully, and with a delightful sense of perspective and humor.

Instead of portraying child training and child psychology as matters of tremendous gravity, the authors unfold the growing life in a fascinating, delightful, and indelible way.

This is a book which all the experts should read as well as those of us who are deeply conscious of our amateur rating as parents.

ROLLIN J. FAIRBANKS

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Twentieth Century Encyclopedia of Religious Knowledge (2 Volumes): Baker Book House, Grand Rapids, Michigan, 1955. 1205 pp. $15.00.

These two volumes constitute an extension of the well-known and respected *New Schaff-Herzog Encyclopedia of Religious Knowledge*. While the publishers have sought to assemble significant religious topics covering the first half of the present century, the field most favored is church history. Religious developments are viewed not only for their own importance but also in the light of their relevance to the countries in which they occurred.

Contemporary biographies, though brief, are comprehensive in coverage, and the inclusion of considerable *pastoralia* makes this the first encyclopedia to acknowledge this rapidly growing religious field. On the other hand there are articles which hardly seem to qualify as "religious knowledge," and this reviewer wonders what the rationale is for including them. An example is "Hearing Aids."

ROLLIN J. FAIRBANKS

Modern Christian Movements: John T. McNeill; Westminster Press, Philadelphia, 1954. 197 pp. $3.50.

The modern Christian movements Professor McNeill has selected for examination in this book are six in number: English Puritanism, German Pietism, the Evangelical Movement, Tractarianism, the Ecumenical Movement, and modern Roman Catholicism. This section is neither eccentric nor extreme in any way; yet it is interesting to note that the pattern of the book excludes those movements within Christianity that have been most responsive to scientific thought — to Newtonian physics in the eighteenth century, historical criticism in the nineteenth, and evolutionary biology in the nineteenth and twentieth. Another book might easily be written with the same title, but using a very different basis for selection and leaving a very different impression. The essays in this book, however, are both readable and scholarly, not at all routine in treatment, and very much worth reading.

CONRAD WRIGHT

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Making Good as Young Couples: T. Otto Nall and Bert H. Davis; Association Press, New York, 1953. 110 pp. $2.00.

Written "primarily for couples who are starting on the glorious adventure of marriage with the 'until death do us part' attitude," this book is professionally inadequate. The authors in their Introduction, which is the most satisfactory part of the book, state as their basic premise "that marriages usually break up because the partners fail to grow together; and . . . that no matter how poorly matched, they can grow together, if they enter and continue marriage with the thought that they are really life companions."

The book is made up of seventeen short case studies which the authors say have "to do with problems, and only incidentally with the promises that far exceed the problems at every turn." This is somewhat understated. The problems are not (except for one) concerned with the "marriage breakup" nor with sexual maladjustments but rather with traits such as "carelessness and selfishness." They are real but lacking in depth. All these marriages are apparently met with "positive thinking" which eliminates real anger and divergence of feeling and so provides genuine "meeting" between the couples!

The literary style is wordy to the point of distraction and loss of central meaning. The average young couple would, in this reviewer's judgment, feel inadequate in the face of the didactic demands placed on them by the solutions in these short biographies.

RICHARD E. BYRD

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Building Better Churches: Gains S. Dobbins; Broadman Press, Nashville, Tennessee, 1954: 465 pp. $3.75.

In a day of increasing specialization, within the Church as well as within the world, there is a need for a comprehensive and unitary approach to the total ministry of the Church which can serve as a base for the necessary specialization. This volume is a textbook in practical theology which sweeps

the field with a Baptist slant. It is comprehensive; it provides a unitary conception; it is beautifully outlined; and it is logically organized. It represents the matured thought of a man who has been teaching religious education and church administration for thirty-five years.

The author begins with a section in which he seeks to lay the basis for a modern ministry in the New Testament teaching. Another section deals with the problem of efficient organization. The third part is devoted to a consideration of the pastoral ministries. The total presentation is very definitely directed to Baptists and to work within the Baptist organizational framework.

For those from other denominational fellowships this book will provide an excellent introduction to Baptist life and thought at its best. The principles of administration which the author advocates justify serious consideration. Naturally in such a comprehensive approach he cannot go into much detail on any one aspect. Consequently the result is more of an *outline* of practical theology, which if filled in would require many books.

PAUL B. MAVES

OUR REVIEWERS

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CURRENT PERIODICAL LITERATURE

EDITED BY THE REV. JOSEPH F. FLETCHER

"Juvenile Delinquency and the Church's Opportunity," by Richard V. McCann, *Religious Education,* March-April, 1955, Vol. 50, No. 2, pp. 88-92.

There is good reason to be concerned over the growth of juvenile delinquency: a 45% increase in the past five years. It casts a shadow over the vast majority of teen-agers, and we may lose sight of the present positive contributions and future promises of our adolescents. As in the behavioral sciences our study of the abnormal is giving way to a study of normal personality, so it should be in the area of delinquency. In proposals for correcting the delinquency trend the churches have been neglected. Mrs. Geraldine Thompson in 1954 gave the Harvard Divinity School the money to establish a Seminar for the study of "religious implications of juvenile delinquency to further clarify the role of the church." The author has directed the study. The literature on delinquency has been examined, and empirical studies made in the social field. One such inquiry concerns chaplaincies in juvenile courts and how they might function at a pre-court and even pre-arrest level. Individual delinquents are being studied, and opinions and attitudes held in the community. Of the 20 students taking part, two are working with post-juveniles both in prisons for men and for women. Two others are group workers with the Child Welfare Association. The church has its chief role in prevention, yet it has a duty in treatment, cure and recuperation too. At the same time, it must not become "merely another social agency." The churches must seek new vital forms of life to help youth. The "inability to be at home in a society in which adults have the dominating role" is a problem of youth. [Where has there ever been a juvenile-centered culture? J. F.] Juveniles retreat into sub-cultures or youth gangs, much as sect-bodies of religion withdraw from a larger church. Our problem is to find the right re-approach to the "heretic" delinquent, and to avoid reacting by "excommunication." The delinquent is a non-conformist, and the church "must" offer him a way to be "an individual" without becoming an outlaw.

J. F.

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"Expectation of Life and Liberty in Patients Suffering from Functional Psychoses," by A. Harris and Vera Norris, *The Psychiatric Quarterly,* Jan., 1955, Vol. 29, No. 1, pp. 33-47.

A study was made of all patients admitted to London County Council hospitals in 1930, under the age of 40, who had never before been admitted to a mental hospital. (Exceptions were foreigners, epileptics, those with organic cerebral disorders.) The follow-up continued for 18 years; the subjects were 632 patients suffering from functional psychoses. Tables were prepared to show percentages discharged from hospitals, those dying, and those readmitted. The factors investigated were diagnosis at onset, age and sex (the diagnosis being the most useful prognostic guide). The chances of

discharge within the first year of treatment was high (21%), but decreases rapidly thereafter. An unmistakable schizophrenia picture on admission made the outlook poor, patients over 20 years of age having only a 2 in 5 chance of discharge. [What would the figures be for a group in 1955, with present therapies of shock and surgery? J. F.] Males had a higher re-admission rate, and they were put between first and second admissions for a shorter time than females. Findings of previous investigators that the death rate of psychotics long-hospitalized is high was borne out, especially the high frequency of tuberculosis as a cause of death.

J. F.

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"The Relation of Church Attendance to Honesty and Kindness, in a Small Community," by Walter H. Clark and Caroline M. Warner, *Religious Education,* Sep., 1955, Vol. 50, No. 5, pp. 340-342.

Studies by Hartshorne and May, and Havighurst and Taba, have shown no appreciable positive correlation between religious activities and character traits, in large communities including a wide cross-section of cultural groups and classes. This study was carried out in a small upper New York township of 60 houses and 250 people, 42 men and 30 women being the subjects, rated on a five-point scale by 14 other members of the same community. In the results sex differences were not significant, although there appeared to be a higher correlation between church attendance and kindness in the men, and between church attendance and honesty among the women. In this lower middle-class group, according to the Warner social rating scale, there was a definitely positive correlation between church attendance and these two character traits, with the correlation higher for honesty (.64) than for kindness (.41). This unusual result calls for further investigation.

J. F.

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"Empathy or Projection," by Richard C. Cowden, *Journal of Clinical Psychology,* April, 1955, Vol. 11, No. 2, pp. 188-190.

Is projection the antithesis of empathy? Projection means attributing one's own qualities to another; empathy means temporarily identifying with another person in order to anticipate what that person is going to do in certain situations. Twenty-nine married couples filled out, twice, the California Test of Personality (Form A) for adults. The husbands filled out the inventory for themselves first, then as they thought their wives would. The wives did the same. This method permitted the investigator to measure the empathy (accuracy of prediction of their spouses' replies) as well as the degree of their projection (answers in their predictions, found in their own inventories but not in their sponses, replies). In general, the males were far superior in their ability to predict for their spouses (empathy), and showed also more insight than the females. (Their higher empathy-score may be due to the husbands' having more chance, usually, to observe their wives in their home sphere than the wives have to observe their husbands in their away-from-home sphere.) The husbands also were more projective! The results suggest that empathy and projection are not necessarily contradictory, and that they tend to co-exist in the same persons.

J. F.

NOTES AND COMMENTS

The fourteenth annual session of the Yale University Summer School of Alcohol Studies will be held during the four-week period July 1 to July 26, 1956. Those who are interested may obtain information from the Registrar, 52 Hillhouse Avenue, Yale Station, New Haven, Connecticut.

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Boston University's fourth annual pastoral Counseling Workshop was held on November 14, 1955. Ministers from the Greater Boston area together with psychiatrists, social workers, gynecologists, nurses, and related professional personnel participated in the seminar groups. The keynote speaker was Dr. Paul Tillich on the theme, "Theology and Counseling."

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During January, February, and March of this year the Michigan Society for Pastoral Care conducted at University Hospital, Ann Arbor, a twelve-week course of clinical pastoral training especially for the hospital chaplain or pastor who is definitely preparing for such chaplaincy. The course was designed to give the chaplain an orientation into the organization, operation, and administration of the hospital and the role or function of the chaplain within that framework.

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The new chapel at Saint Elizabeths Hospital, Washington, D. C., was opened on March 5 with an address by Dr. Paul Tillich of Harvard University on "Rediscovery of the Demonic." Dr. Winfred Overholser, Superintendent of the Hospital, presided, and the Rev. A. T. Mollegen, Professor of Theology at Virginia Theological Seminary, introduced Dr. Tillich.

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The third of the *Andover Newton Waymarks,* "Guide to Comfort and Strength," is presented as a service to the churches and friends of the Andover Newton Theological School. This little booklet for the hospitalized was written by outstanding hospital chaplains and members of the medical profession under the supervision of the Department of Psychology and Clinical Training at the School. Copies may be ordered free of charge from the Public Relations Office, 210 Herrick Road, Newton Centre 59, Massachusetts. Those who wish to share in the costs of printing and postage may do so at 5 cents per copy.

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A Symposium on Religion and Psychiatry, sponsored jointly by The Washington School of Psychiatry and The Washington Seminar on Religion and Psychiatry, is being conducted in Washington by a group of the country's outstanding clergymen, psychiatrists, and psychologists. The speakers are: the Rev. Paul Tillich ("Existentialism and Psychoanalysis"), Dr. Edith Weigert ("Psychopathology of Religious Experience"), the Rev. Joseph Fletcher ("Morals and Medicine"), Dr. Leslie H. Farber ("Martin Buber and Psychiatry"), and Dr. Rollo May ("Constructive Aspects of the Interrelations of Religion and Psychiatry"). A discussion by a representative of each of the participating professions follows each lecture.